Ancillary InSyst Reports Reference Manual

Department of Behavioral Health
Application Services Group

Reports Developed by

Application Services Group

TABLE OF CONTENTS BY REPORT NUMBER AND NAME

REPORT MHS900

UNDUPLICATED CLIENT COUNTS WITHIN MODE AND SERVICE_FUNCTION_CODE

Report Description:
This report is a list of clients with pay source other than Medi-Cal for services at any location including contract agencies. The information provided is start date and end date as selected, mode of service, service function code, service function, service units, billed time, billed costs and unduplicated clients count. The report also provides totals for service units, billed time, and billed costs.

How to Get the Report:
The operations staff upon request of the fiscal staff creates this report. The standard user from the reports menu cannot create this report.

How to Use the Report:
The fiscal section for review of departmental information uses this report.

Change Authorization Requirement: Fiscal

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS900

SERVICES FROM 7/01/2001 TO 6/30/2002
     REPORT OF OTHER PAY SOURCE CLIENTS WITH SERVICES AT CONTRACT AGENCIES

Mode	SFC	Service Function	Service Units	Billed Time	Billed Costs	Unduplicated Clients
05	35	Intensive SNF	33,912	51,567,840		198
05	36	Intensive SNF	1,470	2,272,320		11
05	60	Trans Resid On Site	6,012	15,373,440		28
05	65	Trans Resid Off Site	1,924	3,479,040		14
		TOTALS FOR MODE 05 SERVICES:	43,318	72,692,640		
10	91	Habilitative	1,491	268,380	68,334.00	41
		TOTALS FOR MODE 10 SERVICES:	1,491	268,380	68,334.00	
15	00	Overhead	10,098			2,299
15	01	Placement	3	113	142.09	3
15	03	CM Plan Develop	1	15	22.95	1
15	05	Linkage	6,398	259,648	321,387.21	971
15	10	Collateral	677	26,582	43,357.36	209
15	30	Assessment	1,234	108,101	170,344.32	877
15	32	Evaluation	32	1,570	2,075.62	32
15	34	Plan Develop	2,197	108,483	166,250.14	765
15	36	Rehab/ADL	1,276	61,564	87,570.00	188
15	40	Individual	7,066	444,736	707,683.64	868
15	50	Group	1,377	54,355	93,044.62	167
15	60	Medication	3,435	71,608	219,709.78	750
15	70	Crisis Intervention	164	10,634	20,911.12	114
		TOTALS FOR MODE 15 SERVICES:	33,958	1,147,409	1,832,498.85	

REPORT MHS902

DIRECT SERVICE DETAIL REPORT INPUT VERIFICATION REPORT

Report Description:
This report shows all services entered into the computer based on the date the information was entered. Information includes: name of the clinic, reporting unit, entry date, date of service, chart number, client name, birth date, procedure code, group count, primary staff time, co-staff number and name, co-staff time, and location. This report reflects all direct and indirect services entered, the direct and indirect are separate reports. If there was no data entry done, the report printed will state ⅄Nothing to Report@.

How to Get the Report:
This report is set for automatic generation by the system on a daily basis. The report is provider specific and is directed to the designated Print Queue for the provider entering the service. The standard user from the reports menu cannot execute this report.

How to Use the Report:
This report is used to review data for accuracy. The report is intended as a data entry management tool to assist the clerical staff in making sure all the services are being entered correctly and on a timely basis. If service entry is abnormally low, audit of the data collection and service entry process may be needed. If there is incorrect information, episode and service updating may be required.

Change Authorization Requirement: Program Managers

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS902

Provider: NUEVA VIDA COLTON OUTPATIENT (36931)
Entry Date: Apr 22, 2004
Service Date: 4/19/2004

Chart Number Check	Client Name	Client DOB	Proc Code	Grp Cnt	Prim Staff Time	Number	Co Stf Co Therapist	Co Staff Time	Svc Loc

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*********************************************************************************************
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Detail of Primary Therapist: NEIL BROWN (3047)

| 948119 | ▉ | 2/05/87 | 551 | 1 | 1:10 | | | 0:00 | 1 |

| 1065241 | ▉ | 2/12/98 | 521 | 1 | 0:55 | | | 0:00 | 1 |

            Summary for NEIL BROWN
Total Contacts: 2   Total Client Time: 2:05   Total Primary Staff Time: 2:05   Total Co-Staff Time: 0:00
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Detail of Primary Therapist: NOEMI MEDINA (4473)

| 1005752 | ▉ | 2/06/91 | 351 | 2 | 2:20 | | | 0:00 | 1 |

| 1005752 | ▉ | 2/06/91 | 521 | 1 | 0:33 | | | 0:00 | 1 |

| 1006904 | ▉ | 7/08/93 | 351 | 2 | 2:20 | | | 0:00 | 1 |

| 1006904 | ▉ | 7/08/93 | 521 | 1 | 0:22 | | | 0:00 | 1 |

| 1039281 | ▉ | 2/15/96 | 521 | 1 | 0:22 | | | 0:00 | 1 |

| 1049344 | ▉ | 8/01/87 | 341 | 1 | 1:20 | 346 | MELINDA ANCRUM | 0:15 | 1 |

| 1049344 | ▉ | 8/01/87 | 521 | 1 | 0:22 | | | 0:00 | 1 |

| 1051409 | ▉ | 11/13/91 | 521 | 1 | 0:10 | | | 0:00 | 1 |

REPORT MHS903

OUTPATIENT CLIENT ACUTE EPISODE SURVEY

Report Description:
This report lists clients seen in AES three or more times within the last 180 days based on the date of the creation of the report. The information provided is: reporting date, chart number, client name, opening date, primary therapist, date of birth, acute status, and acute date. Acute status lists whether or not the emergency situation required admission or release of the client. The acute date lists the three dates the client was seen in AES.

How to Get the Report:
The report is created by the Operations Staff on a monthly basis. This report is directed to the Print Queue for each clinic involved.

How to Use the Report:
This report is intended for use as a management tool for identifying the clients receiving possible excessive emergency services.

Change Authorization Requirement: Program Managers

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS903

REPORT FOR D Street Integrated Svcs. (86921)
AS OF Apr 1, 2004
Clients with 180 day history with 3 acute episodes or greater.

Client Acute Number Client Name	Opening Date	Primary Therapist	Acute Status
Date			

███████ ████████████   11/18/2002 STEPHEN DOYLE   D.O.B. - 2/22/74   3
ACUTE EPISODES:

           11/08/2003   EMERGENCY RELEASE

12/21/2003   EMERGENCY ADMITTED

           1/21/2004   EMERGENCY RELEASE

██████ ████████████   10/08/2003 LEONIDA GUTIERREZ   D.O.B. - 1/11/50   3
ACUTE EPISODES:
                                                                         EMERGENCY RELEASE
           10/10/2003
                                                                         EMERGENCY RELEASE
           11/06/2003
                                                                         EMERGENCY RELEASE
           12/04/2003

██████ ████████████   1/22/2004 IMELDA ALFONSO   D.O.B. - 2/06/48   6
ACUTE EPISODES:
                                                                         EMERGENCY RELEASE
           11/12/2003
                                                                         EMERGENCY RELEASE
           12/22/2003
                                                                         EMERGENCY ADMITTED
           1/03/2004
                                                                         EMERGENCY RELEASE
           1/28/2004
                                                                         EMERGENCY RELEASE
           2/07/2004
                                                                         EMERGENCY RELEASE
           3/30/2004

██████ ████████████   8/07/2003 IMELDA ALFONSO   D.O.B. - 6/09/70   3
ACUTE EPISODES:
                                                                    EMERGENCY ADMITTED
10/25/2003
                                                                         EMERGENCY RELEASE
           11/15/2003
                                                                         EMERGENCY RELEASE
           12/07/2003

██████ ████████████   3/12/2003 INDERJIT SEEHRAI   D.O.B. - 2/19/78   3
ACUTE EPISODES:
                                                                         EMERGENCY ADMITTED
           11/12/2003

		EMERGENCY RELEASE
1/13/2004		
		EMERGENCY RELEASE
1/14/2004		

██████ ████████████   1/13/2003 EMMANUEL PREPETIT   D.O.B. - 8/14/66   3

ACUTE EPISODES:

		EMERGENCY RELEASE
11/11/2003		
		EMERGENCY RELEASE
2/19/2004		
		EMERGENCY ADMITTED
2/22/2004		

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REPORT MHS905

TAR INFORMATION FORM

Report Description:
This report is generated when a physician needs to order a prescription out of formulary for Medi-Cal, and the filling pharmacy will be preparing a Treatment Authorization Request (TAR) to obtain authorization for the product. The scripting MD will complete a manual second page for attachment with this output, describing the clinical history of the client, and why an unusual medication is appropriate. This report extracts known available information from the equivalent of seven different screens, and places it onto a single page. Blank lines identify missing or unknown information where client information might be expected.

How to get the Report:
This report is requested on an "as needed" basis by program staff from the Reports Menu. The person requesting the report specifies the Reporting Unit preparing the prescription, the Client Number, and the Staff Number of the MD issuing the Prescription, which may or may not be the MD of the episode. Supplying these three pieces of information will generate the report.

How to use the report:
This report is intended to assist in identifying information related to the client, which may not be on file, but should be on file. Review the output of the report, for missing or incorrect data. If there is any, perform updates via the appropriate maintenance screens and run again. When the information is correct, attach to the second page, make copies for the chart, and provide to the client to give to the pharmacy filling the prescription.

Change Authorization Requirement: Program Managers

File Directory: MHS_OUTPUT_REPORT

File Name: Report_MHS905

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MHS905                         TAR Information Form
                SAN BERNARDINO COUNTY DEPARTMENT OF MENTAL HEALTH
         MESA COUNSELING SERVICES                           Apr 14,
2004
         850 E FOOTHILL BL
36911
         RIALTO, CA 92376                                 (909) 421-
9334

               Client Name:          ██████████
997496

            Client Address:
_____


_____

               Client Phone:        (_____)_____

                Client Sex:      F   Client D.O.B. :  1/15/1993 (11)

               Living Status:      _HOME___B&C____SNF/ICF___Acute
Hospital_

             Medi-Cal ID#:          ████████

             Card Issue Date:       10/17/2000

                      MEDICAL JUSTIFICATION SECTION
              ======================================================

               Axis 1 Diagnosis: 314.01   Attention deficit disorder

          Suppl Axis 1 Diagnosis:
_____

             Axis 2 Diagnosis: V62.89   Borderline intellectual
function

          Suppl Axis 2 Diagnosis:
_____


_____

                      PREVIOUSLY TRIED MEDICATIONS
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Physician Name: LOURDES ███████, M.D.

CA License Number: ███████

_____
_____

REPORT MHS907

ATTENDING PHYSICIAN ADMISSION STATISTICS SUMMARY REPORT OF ALL PHYSICIANS

Report Description:
This report lists physician caseloads for a specified time period. This information is divided in two parts, one which lists the summary of information for all Attending Physicians assigned to Inpatient, and the other one which details the recidivism information on each physicians= caseload. The information listed in the summary report is physician name, SIMON number, unique client count, total episode count, number of client return episodes, and the recidivism count. There is then a total number of episodes, and a total number of unique clients. The information on the recidivism count report is dates of information, physician name and SIMON number, client name, chart number, admission dates discharge dates, diagnosis, Attending Physician, number of days on the ward and reporting unit.

How to Get the Report:
This report is created on a monthly basis by the operations staff. The standard user from the reports menu cannot execute this report.

How to Use the Report:
This report is used to identify client with a high recidivism rate on the Inpatient Unit. This is also to identify physician caseloads.

Change Authorization Requirement: Inpatient Program Manager

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS907

REPORT OF ADMISSIONS FROM 11/01/03 TO 4/30/04

Physician	Unique Client Count	Total Episode Count	Client Return Episodes	Recidivism Count
, LOUIS (2977)	1	1	0	0
, RICHARD (3175)	72	72	10	2
, LARRY (3452)	168	168	15	5
, ALEYAMMA (230)	1	1	0	0
, LOUIS (1342)	137	137	21	4
, DOAN (3861)	264	264	41	9
, THUY-HUYNH (3425)	1	1	0	0
, GURMIT (284)	2	2	0	0
, CONRADO (2991)	284	284	51	16
, PHUOC (4034)	273	273	52	14
, QUY (930)	6	6	0	0
, KHUSHRO (2933)	293	293	44	11

        Total Episodes: 1,502   Total Unique Client Count: 1,268

        RECIDIVISM COUNT in this report is the number episodes where the client was admitted more than 3 times during
        this report period, and the physician counted was the Attending Physician of the preceding episode each of
        the 3 or higher counting episodes.

REPORT OF ADMISSIONS FROM 11/01/03 TO 4/30/04
RECIDIVISTIC CLIENTS SEEN BY LOUIS MONTY (1342)

		Admitted	Discharged	Diagnosis	Attending Physician
Days on					
Ward	Unit				
Client: ███████████					
		4/02/04	4/12/04	295.70	LAWRENCE
10	86311				
		11/16/03	12/01/03	296.34	MONTY
15	86311				
		11/04/03	11/10/03	295.70	UNWALLA
6	86311				
Client: ██████████					
		3/15/04	3/17/04	311	TRAN
2	86311				
		3/06/04	3/08/04	296.34	NGUYEN
2	86311				
		12/28/03	1/01/04	296.33	UNWALLA
4	86311				
		12/08/03	12/12/03	296.33	MONTY
4	86311				
		11/27/03	12/01/03	296.33	NGUYEN
4	86311				
Client: ████████████					
		3/28/04	4/06/04	295.70	SEVILLA
9	86311				
		12/26/03	1/15/04	298.9	MONTY
20	86311				
		11/14/03	12/01/03	295.70	MONTY
17	86311				
Client: ███████████					
		4/20/04	4/26/04	295.30	UNWALLA
6	86311				
		2/19/04	2/25/04	292.11	MONTY
6	86312				
		2/05/04	2/11/04	298.9	MONTY
6	86312				
		1/24/04	1/30/04	298.9	MONTY
6	86312				

REPORT MHS908

INPATIENT MONTHLY STATISTICS FOR CMC REPORTING

Report Description:
This report is generated to identify certain statistical items for a CMC required report of quality management agenda. The information provided is the number of admits, number of discharges, number of administrative days, and the number of discharges to CMC during the reporting month. Listed are those clients that were readmitted during that month within 15 days of the day of discharge. The information provided about those clients is: clients number, clients name, episode opening date, episode closing date, date of the next episode, primary therapist, and CMC chart number. The report also is broken down into two categories: Areadmission within 48 hours@ and Areadmission within 2 to 15 days (AS THE RUN TIME SPECIFIC DEFAULT)@ with the primary potential payment source. Total of readmissions for both categories are also shown.

How to Get the Report:
This report is set for automatic generation by the system on the 7th of each month. The report is queued to the Inpatient print queue. The standard user from the reports menu cannot execute it.

How to Use the Report:
The report is intended to provide data to be extracted for CMC reporting forms.

Change Authorization Requirement: INPATIENT

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS908

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REPORT MHS908
            Apr  7, 2004
                                   INPATIENT MONTHLY STATISTICS FOR CMC REPORTING

Report for the period from:  3/01/04 to:  3/31/04



        ADMISSIONS:              293
        DISCHARGES:              300
        ADMINISTRATIVE DAYS:     482
        DISCHARGES TO C.M.C.:      1


    Client                              Episode   Episode    Next
    Number    Client Name               Opening   Closing    Episode              Primary
Therapist              CMC #


DETAIL OF READMISSIONS WITHIN 48 HOURS:
    ████    ████████████████         3/25/04   3/26/04    3/28/04     2991  CONRADO SEVILLA
              526325
        Short-Doyle Funded Client
    ████    ████████████████         3/01/04   3/08/04    3/09/04     2933  KHUSHRO UNWALLA
              1344388
        Short-Doyle Funded Client
    ████    ██████████████           3/09/04   3/11/04    3/13/04     4034  PHUOC TRAN
              1398559
        Short-Doyle Funded Client
    ████    ██████████████           3/15/04   3/18/04    3/19/04     2991  CONRADO SEVILLA
              1398559
        Short-Doyle Funded Client
    ████    ██████████████           3/04/04   3/08/04    3/10/04     2991  CONRADO SEVILLA
              1117306
        Short-Doyle Funded Client
    ████    ██████████████           3/01/04   3/04/04    3/04/04     1342  LOUIS MONTY
              1527108
        Short-Doyle Funded Client                 - Acute Recurrence within Episode or same
day as release.
    ████    ████████████████         3/08/04   3/12/04    3/13/04     4034  PHUOC TRAN
              1525750
        Private Insurance or Cash
                        7 READMISSIONS WITHIN 48 HOURS OF DISCHARGE

DETAIL OF READMISSIONS BETWEEN 3 AND 15 DAYS:
    ████    ██████████████           3/07/04   3/10/04    3/13/04     4034  PHUOC TRAN
              543182
        Medi-Cal Funded Client
    ████    ██████████████           1/20/04   3/13/04    3/18/04     3452  LARRY LAWRENCE
              770681
        Medi-Cal Funded Client
    ████    ████████████████         2/27/04   3/22/04    3/26/04     3861  DOAN NGUYEN
              1004134
        Short-Doyle Funded Client
    ████    ██████████████           2/25/04   2/26/04    3/06/04     4034  PHUOC TRAN
              1525911
        Private Insurance or Cash
    ████    ██████████████           2/14/04   3/11/04    3/24/04     3861  DOAN NGUYEN
              526325
        Short-Doyle Funded Client
    ████    ██████████████           1/16/04   2/26/04    3/09/04     3452  LARRY LAWRENCE
              1163317
        Short-Doyle Funded Client
    ████    ██████████████           3/11/04   3/22/04    3/25/04     3452  LARRY LAWRENCE
              1049082
        Short-Doyle Funded Client
    ████    ██████████████           2/24/04   3/08/04    3/12/04     3452  LARRY LAWRENCE
              1222700
        Medi-Cal Funded Client
    ████    ██████████████           2/24/04   3/01/04    3/06/04     1342  LOUIS MONTY
              1515481
        Medi-Cal Funded Client
    ████    ██████████████           3/14/04   3/18/04    3/28/04     2991  CONRADO SEVILLA
              1318515
        Short-Doyle Funded Client
    ████    ██████████████           2/24/04   2/26/04    3/09/04     2991  CONRADO SEVILLA
              1344388
        Short-Doyle Funded Client
    ████    ████████████████         2/23/04   2/27/04    3/07/04     2991  CONRADO SEVILLA
              1376856
        Private Insurance or Cash
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```
████████ ██████████████       2/29/04   3/01/04    3/07/04    2991  CONRADO SEVILLA
        1376856
    Private Insurance or Cash
████████ █████████            2/25/04   3/01/04    3/15/04    4034  PHUOC TRAN
        1434547
    Short-Doyle Funded Client
████████ █████████            3/06/04   3/08/04    3/14/04    3861  DOAN NGUYEN
        402479
    Short-Doyle Funded Client
████████ █████████            3/18/04   3/25/04    3/30/04    3861  DOAN NGUYEN
        1506646
    Short-Doyle Funded Client
████████ ███████████          2/16/04   2/23/04    3/03/04    2933  KHUSHRO UNWALLA
        1117306
    Short-Doyle Funded Client
████████ ██████████           2/24/04   2/27/04    3/03/04    2991  CONRADO SEVILLA
        1268155
    Short-Doyle Funded Client
████████ ██████████           3/04/04   3/05/04    3/19/04    3861  DOAN NGUYEN
        1268155
    Short-Doyle Funded Client
████████ ██████████           3/05/04   3/15/04    3/26/04    3452  LARRY LAWRENCE
        1062039
    Short-Doyle Funded Client
████████ ██████             3/19/04   3/24/04    3/27/04    3861  DOAN NGUYEN
        1410673
    Short-Doyle Funded Client
████████ ██████████          3/02/04   3/08/04    3/23/04    3452  LARRY LAWRENCE
        1145750
    Short-Doyle Funded Client
████████ ████████           3/16/04   3/18/04    3/21/04    3452  LARRY LAWRENCE
        1527745
    Short-Doyle Funded Client
          23 READMISSIONS BETWEEN 3 AND 15 DAYS.

        ****************************************************************
        Confidential Patient Information - For Authorized Personnel Only
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REPORT MHS909

SURVEY OF ACUTE EPISODES WITH NO OPEN OUTPATIENT EPISODE

Report Description:
This report is a listing of clients seen at AES within the last 180 days 3 or more times, but are not presently in any non-inpatient program. The categories of information listed are client number, client name, last opening date, last service site, date of birth, reason for discharge, last closing date, AES therapist, acute status, and acute date.

How to get the Report:
This report is automatically generated and distributed on the 15th of each month to ACSP Program Manager.

How to use the report:
The report is intended to provide feedback to the respective program managers and clinic supervisors of those clients who are potentially utilizing emergency services in an excessive amount. After review, the handling and disposition of high cost clients to possibly be redirected to reduce over utilization of services. This report relates to the 903 and has the outpatient episodes included. The 909 are distributed to the ACSP Program Manager and all clinics.

Change Authorization Requirement: ACSP

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS909

AS OF May 1, 2004
Clients with 180 day history with 3 acute episodes or greater having no current open clinic episode.


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                                      Last     Last
  Client                              Opening  Closing
                      Acute
  Number      Client Name             Date     Date       AES Therapist           Acute
Status              Date
```


  ████ █████████████   9/02/03 9/24/03 MESA COUNSELING SERVICES   D.O.B. -
10/12/65 4 ACUTE EPISODES:
                                        No Reason For Discharge Entered at Episode Closing
                                                    CHICKKAVEERA KRISHNA-MURTHY
EMERGENCY RELEASE   12/06/03
                                                    RANDY HARRIS
EMERGENCY RELEASE   2/04/04
                                                    GURMIT SEKHON
EMERGENCY RELEASE   2/18/04
                                                    GURMIT SEKHON
EMERGENCY RELEASE   3/09/04

  █████ ███████████   11/20/03 4/26/04 VV BEHAVIORAL HEALTH CENTER   D.O.B. -
1/25/54 4 ACUTE EPISODES:
                                        No follow through with treatment
                                                    MEHAR GILL
EMERGENCY RELEASE   11/05/03
                                                    DOAN NGUYEN
EMERGENCY RELEASE   2/09/04
                                                    LARRY LAWRENCE
EMERGENCY RELEASE   2/23/04
                                                    LARRY LAWRENCE
EMERGENCY RELEASE   3/15/04

  █████ █████████████   8/26/03 8/26/03 HOSPITAL AFTERCARE SERVICES   D.O.B. -
8/25/58 3 ACUTE EPISODES:
                                        Agreement Discharge because Treatment Goals Reached
                                                    MEHAR GILL
EMERGENCY RELEASE   12/17/03
                                                    GURMIT SEKHON
EMERGENCY RELEASE   1/08/04
                                                    CHICKKAVEERA KRISHNA-MURTHY
EMERGENCY RELEASE   3/07/04

  █████ █████████████   12/26/01 8/02/02 VISTA COMMUNITY COUNSELING   D.O.B. -
11/10/73 5 ACUTE EPISODES:
                                        Client Withdrawn AMA with Goals Partially Reached
                                                    LARRY LAWRENCE
EMERGENCY ADMITTED   11/30/03
                                                    CHICKKAVEERA KRISHNA-MURTHY
EMERGENCY RELEASE   12/06/03
                                                    LARRY LAWRENCE
EMERGENCY RELEASE   1/17/04
                                                    GURMIT SEKHON
EMERGENCY RELEASE   1/31/04
                                                    LOUIS ALVAREZ
EMERGENCY RELEASE   2/11/04

  █████ █████████████   11/24/03 1/08/04 DISCOVERY OUTPATIENT   D.O.B. -
11/21/58 3 ACUTE EPISODES:
                                        Client Discharged for Administrative Reasons
                                                    SWATI THACKER
EMERGENCY ADMITTED   12/19/03
                                                    MEHAR GILL
EMERGENCY ADMITTED   1/07/04
                                                    QUY TRAN
EMERGENCY RELEASE   1/13/04

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--------------------------------------------------------------------------------------------
------------------------
████  ████████████         9/22/88   9/22/88   FAMILY SERVICE SAN BERN.      D.O.B. -
2/06/69  3 ACUTE EPISODES:
                                 No Reason For Discharge Entered at Episode Closing
                                               RANDY BRAZIE
EMERGENCY RELEASE      11/03/03
                                               LOUIS ALVAREZ
EMERGENCY RELEASE      12/02/03
                                               CHICKKAVEERA KRISHNA-MURTHY
EMERGENCY RELEASE       4/25/04
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REPORT MHS910

AB2034 CASELOAD REPORT

Report Description:

This report shows AB2034 caseload organized by reporting unit. The information on this report is client name, client number, opening date, age, primary diagnosis, clinician, and physician.

How to Get the Report:

The clinic staff from the Reports Menu creates this report. It is recommended that this report be run once monthly, or more frequently as needed. The information requested by this report is reporting unit and date.

How to Use the Report:

The report is intended as a management tool for the Clinic Supervisor. It is an up-to-date listing of all the AB2034 clients currently open in the reporting unit. The report shows the responsible clinician, the episode opening date, age, and primary diagnosis for each client.

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS910

Report MHS 910
Provider CONSERVATORSHIP INVEST. UNIT   (36A71)
AB2034 cases active as of: 5-Nov-2004

                                                    A
                            Client   G   Primary
                   Account
   Client Name   Number   Opening Date   E   Diagnosis   Clinician
Physician   Status

JOHN DOE   000999999   2/03/04   46   295.90   Staff
 Staff   38111

TOTAL OPEN AB2034 CASES FOR CONSERVATORSHIP INVEST. UNIT   1

REPORT MHS912

Client Services Listing

Report Description:
This report is a list of all direct services provided to an individual client for the dates requested. The information provided is client chart number, client name, service date, reporting unit, provider, procedure code, procedure, staff number, therapist, total units of time, and cost of the service.

How to Get the Report:
This report can be created from the reports menu. You must specify the client number and the start and ends of the time period requested.

How to Use the Report:
This report is used to compare services entered into the computer with the entries in the chart.

Change Authorization Requirement: ASG Programmer

File Directory: MHS_OUTPUT_REPORT

File Name: Report_MHS912

Services from 3/18/02 to 5/02/02
       for client ████████████████
              at CALWORKS-ONTARIO

 Service   Rptg   Proc   Stf
        Total   Service
 Date   Unit   Provider   Code   Procedure   Nbr
Clinician   Time   Cost

 3/18/02   36A81   CALWORKS-ONTARIO   510 EVALUATION NBC   3458 WYMBS
          1:45   222.60
 3/25/02   36A81   CALWORKS-ONTARIO   330 ASSESSMENT NBC   2771 HARVEY
          1:30   190.80
 3/25/02   36A81   CALWORKS-ONTARIO   520 PLAN DEVELOPMENT NBC   2771 HARVEY
          0:20   42.40
 3/26/02   36A81   CALWORKS-ONTARIO   520 PLAN DEVELOPMENT NBC   2771 HARVEY
          0:30   63.60
 3/27/02   36A81   CALWORKS-ONTARIO   520 PLAN DEVELOPMENT NBC   2771 HARVEY
          0:20   42.40
 3/27/02   36A81   CALWORKS-ONTARIO   520 PLAN DEVELOPMENT NBC   2771 HARVEY
          0:25   53.00
 4/01/02   36A81   CALWORKS-ONTARIO   560 LINKAGE & CONSULTATION NBC   3458 WYMBS
          0:35   57.75
 4/01/02   36A81   CALWORKS-ONTARIO   300 NO SHOW NON BILLABLE-T1   2771 HARVEY
          0:00   0.00
 4/10/02   36A81   CALWORKS-ONTARIO   520 PLAN DEVELOPMENT NBC   2771 HARVEY
          0:45   95.40
 5/02/02   36A81   CALWORKS-ONTARIO   520 PLAN DEVELOPMENT NBC   2771 HARVEY
          0:20   42.40

          Total for 10 services
          6:30 $810.35

REPORT MHS915

MEDI-CAL CLIENT/POTENTIAL CLIENT LISTING

Report Description:
This report produces a listing of clients who were actual, denied or potential Medi-Cal clients during the defined period based on region, and clinic. The categories of information are client name, client number, account number billing group, Medi-Cal number, and determination period by specified period date.

How to get the Report:
This report is automatically generated on the 2nd of each month for the previous month. Authorized users from the standard reports menu can request this report by region, reporting unit and/or therapist for a specified date period.

How to use the report:
This report was designed to provide clinic staff a listing of those clients who may require special review or documentation in their charts because their payor source(s) include or may include Medi-Cal. Also, this report is the "selection universe" for those clients subject to state audit selection. This list represents those clients who had a POE on file or their assigned Account Number indicates that Medi-Cal has been requested and response is pending for the client. If there are multiple months in the report request, the POE and eligible month/year shown on the report will be the latest month (of the sample period) with the "best reported quality". That means, of POEs on file, they are assigned values of:

Current POE by validation	Unknown POE status on file
POE verified (manually via POE screen) above*	POE exists, but none of the
POE set by system match	Medi-Cal denied
POE determined by transfer	Medi-Cal services denied
POE set by a different county system*	Medi-Cal status PENDING
Medi-Cal application not complete	
POE generated from other source (i.e. POE validated & system match or POE set by both methods)*	

(* Very rare occurrences)

The highest on this list for any period of the report will be done and the eligibility period that corresponds.

Change Authorization Requirement: PROGRAM MANAGERS

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS915

Clients with open episodes MediCal eligible or applied.
During the period from 5/01/2000 to 5/31/2000
Region: Adult Services (1)
Clinic: HEZION HOMELESS SHELTER (H2837)

	Client	Account	Bill	MediCal	Detrmn		EVC
Client Name	Number	Number	Grp	Number	Period	MediCal	
Determination	Number						

Primary Therapist - MARSHALL RATTELY (379)

▮▮▮▮▮▮▮	▮▮▮▮	75400	900	▮▮▮▮▮	5/2000	Current POE by
validation 09672C3JL4						
▮▮▮▮▮	▮▮▮▮	43358	925		5/2000	MediCal status PENDING
n/a						

Primary Therapist - ROBERT HOYK (3074)

▮▮▮▮▮▮▮	▮▮▮▮	157357	925		5/2000	MediCal status PENDING
n/a						


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REPORT MHS917

CLIENTS WITH SELECTED PROCEDURE CODES

Report Description:
This is a special study report to extract, sort and total an identified procedure code in excess of a defined dollar amount. The information provided on this report is the start date, end date, region, clinic, procedure code, and amount of dollars selected. Then listed is: by clinician rendering the service, client name, client, number service date, service time, co-staff number, co-staff time, group count, staff time, billed minutes, and amount billed. At the end of each clinic is the total billed minutes and amount billed for that clinic.

How to Get the Report:
This report is requested from the Operations Staff on an as need basis. The standard user from the reports menu cannot create this report.

How to Use the Report:
This report is for use to identify any procedure code duration that could possibly be excessive, and can then be narrowed to a specific clinician at a specific clinic.

Change Authorization Requirement: Data Processing

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS917

Services from 4/01/04 through 4/30/04
Region: Adult Services (1)
Services at HOSPITAL AFTERCARE SERVICES (86932)
Testing Procedure Code 331 for services exceeding $0.00

		Client	Service	Svc	Co Stf	Co-Svc	Grp	Staff
Billed	Amount							
	Client Name	Number	Date	Time	Nmbr	Time	Cnt	Time
Minutes	Billed							

Rendered by YANIRA ORELLANA (1630):

			4/07/04	2:00			1	2:00
120	283.20							
			4/07/04	2:00			1	2:00
120	283.20							

Rendered by DEBORAH LERMA (1747):

			4/05/04	1:48			1	1:48
108	254.88							

Rendered by MYRIAM ARAGON (4037):

			4/21/04	2:00			1	2:00
120	283.20							

                                    TOTAL FOR REPORTING UNIT:

468   1,104.48

REPORT MHS919

OUTPATIENT CLIENT ACUTE EPISODE SURVEY

Report Description:
This report is a listing of clients by clinician, that were seen at AES within a determined span of time for at least the number of visits declared at runtime if the client had any open outpatient episode during that same time span. The information provided on this report by clinic on dates specified is client number, client name, opening date, primary therapist, acute status, and acute date.

How to Get the Report:
This report is created by the Operations Staff upon request. The standard user from the reports menu cannot create this report.

How to Use the Report:
The report is intended to provide feedback to the respective program managers and clinic supervisors of those clients who are utilizing emergency services at possibly an excessive amount. After review, the treatment plans of the clients might be modified to avoid more costly services where appropriate.

Change Authorization Requirement:

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS919

```
REPORT_MHS919                           Outpatient Client Acute Episode Survey
              11-May-2004

          Page 1

REPORT FOR VISTA COMMUNITY COUNSELING (36901)
AS OF Apr 30, 2004
Clients with history of 3 acute episodes or greater since Apr  1, 2004


 Client                          Opening          Primary
        Acute
 Number      Client Name          Date           Therapist         Acute Status
        Date


--------------------------------------------------------------------------------------------
-------------------------
 ██████  ████████████           4/06/2004  MARIA  ███████          D.O.B. -  8/26/65
  3 ACUTE EPISODES:
                                                                   EMERGENCY RELEASE
         4/05/2004
                                                                   EMERGENCY RELEASE
         4/15/2004
                                                                   EMERGENCY ADMITTED
         4/27/2004
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                    ****************************************************************
                    Confidential Patient Information - For Authorized Personnel Only
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REPORT MHS920

STATISTICAL REPORT WORKSHEET

Report Description:
This report summarizes the services rendered in the current month and year-to-date by Mode-SFC (Service Function Code) within categories of primary payor source, and some statistical age gatherings. It reflects the time or a service rendered, and extends the YTD portion of the report based upon the current rates of the day, not the rates in effect when the service was rendered. (See Al Robinson for explanation.) The information provided by this report is by payor source (AB3632 Medi-Cal 18 and under, AB3632 regular, private insurance coverage, Medicare, Medi-Cal adult, Medi-Cal child, county adult, county child) with an agency total and a summary page. The specific categories are: Mode; SFC; description (type of service); under the title AService Minutes@: prior month count, current month count, and year-to-date count; under the title AService Units@: prior month count, current month count, and year-to-date count; under title AInterim Rate Amount@: current month $, and current rate; year-to-date amount$; and under title ABed Days@: prior month count, current month, count, and year-to-date count. There is an agency total in each of these areas. Also included is a ATotal Unique Client Count for Current Month@ and ATotal Unique Client Count for Year-To-Date@.

The second portion of this report shows those transactions during the current month, which may require investigation and/or might be an adjustment to current or previous settlements. These might include:

- Services of a previous period which have been deleted (assumption - previously paid)
- Services entered for a previous period
- Unauthorized Services (assumption - coordination not prepared timely or missing)
- Medi-Cal disallowed (assumption - client requires interview with FI)
- AB3632 service/client mismatch (assumption - service not eligible for AB3632 funding due to wrong procedure code used or client not AB3632 registered completely)

The categories of information are: client number, service date, mode, SFC, service minutes, county rate extended, input by, cause of item selection, original input, adjustment input, and procedure code. This information is listed by AB3632 client/service mismatch or missing or improper UC authorization(s).

How to get the Report:
Report runs automatically on 15th of each month and sent to the Contract Management Office.

How to use the report:
The Contract Administration Office uses this report for specific details related to individual contract terms.

Change Authorization Requirement: CONTRACTS MANAGEMENT

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS920

```
REPORT MHS920
          SUMMARY
                                       STATISTICAL REPORT WORKSHEET
             14-Apr-2004
Report for:  PEGASUS HAB OT (86873)
Period Ending: 31-Mar-2004
Including Input through  4/05/04
                               --- Service Minutes ---  -- Svc Units --     ------  Interim Rate
Amount ------      - Bed Days -
Mode SFC   Description          Prior Current    Y-T-D   Pri Curr   YTD      Current      Current
   Y-T-D    Pri Curr  YTD
                                Months   Month            Mo   Mo          Month $        Rate
    Amount $   Mo   Mo


 10  91  Habilitative          450,900  61,560  512,460  2505  343  2848    16,786.42       48.94
  139,381.12
                              --------- ------- --------- ----- ---- ----- ------------ ------------
------------- ----- ---- -----
          AGENCY TOTAL         450,900  61,560  512,460  2505  343  2848    $16,786.42
  $139,381.12




                      TOTAL UNIQUE CLIENT COUNT FOR CURRENT MONTH         26
                      TOTAL UNIQUE CLIENT COUNT FOR YEAR TO DATE          52

  * - Interim Rate Amount is displayed for analysis purposes only
  ** - Overhead includes items such as 'no shows' and 'cancellation'
  *** - Y-T-D Amount is a calculation using the YTD Units and Current Rate Schedule
                      ********************************************************
                      CONFIDENTIAL INFORMATION - FOR AUTHORIZED PERSONNEL ONLY
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REPORT MHS920
          Page 1
                                        STATISTICAL REPORT WORKSHEET
               14-Apr-2004
Report for:  PEGASUS HAB OT (86873)
Period Ending: 31-Mar-2004
Including Input through  4/05/04
                                 --- Service Minutes ---  -- Svc Units --    ------  Interim Rate
Amount ------    - Bed Days -
Mode SFC   Description          Prior Current     Y-T-D   Pri Curr  YTD     Current      Current
   Y-T-D     Pri Curr  YTD
                                Months  Month             Mo   Mo           Month $       Rate
    Amount $  Mo   Mo


        Private Insurance Coverage

 10  91  Habilitative           13,860   2,340    16,200   77   13    90       636.22       48.94
     4,404.60
                                --------- ------- --------- ----- ---- ----- ------------- ------------
 ------------- ----- ---- -----
                 Sub Total   13,860   2,340    16,200   77   13    90      $636.22
     $4,404.60


        MediCare

 10  91  Habilitative           19,440   3,060    22,500  108   17   125       831.98       48.94
     6,117.50
                                --------- ------- --------- ----- ---- ----- ------------- ------------
 ------------- ----- ---- -----
                 Sub Total   19,440   3,060    22,500  108   17   125      $831.98
     $6,117.50


        MediCAL - Adult

 10  91  Habilitative          228,420  33,840   262,260 1269  188  1457     9,200.72       48.94
     71,305.58
                                --------- ------- --------- ----- ---- ----- ------------- ------------
 ------------- ----- ---- -----
                 Sub Total  228,420  33,840   262,260 1269  188  1457    $9,200.72
     $71,305.58


        County - Adult

 10  91  Habilitative          189,180  22,320   211,500 1051  125  1176     6,117.50       48.94
     57,553.44
                                --------- ------- --------- ----- ---- ----- ------------- ------------
 ------------- ----- ---- -----
                 Sub Total  189,180  22,320   211,500 1051  125  1176    $6,117.50
     $57,553.44

          AGENCY TOTAL     450,900  61,560   512,460 2505  343  2848    $16,786.42
 $139,381.12

 * - Interim Rate Amount is displayed for analysis purposes only
 ** - Overhead includes items such as 'no shows' and 'cancellation'
 *** - Y-T-D Amount is a calculation using the YTD Units and Current Rate Schedule
                    ******************************************************
                    CONFIDENTIAL INFORMATION - FOR AUTHORIZED PERSONNEL ONLY
                    ******************************************************
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STATISTICAL REPORT WORKSHEET
          14-Apr-2004
Report for: PEGASUS HAB OT (86873)
Period Ending: 31-Mar-2004
Including Input through 4/05/04
                                        ADJUSTMENTS, TIMING OR INVESTIGATION ITEMS

       Client Service   Service Co. Rate
Original   Adjust   Proc
       Number   Date Mode SFC Minutes Extended   Input by   Cause of item selection
Input   Input   Code

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REPORT MHS921

SELECTED SERVICES FOR REVIEW

Report Description:
This report lists services from a specified time period for a specific clinic and, a specific procedure code for services exceeding a specified dollar amount. The report is automatically run on the 12th of each month. It lists those services for the previous month, which were for procedure code 361 (Medication), and the total claimed cost for that particular service that exceeded $500. Changes due to a unique special run will be noted at the top of each page. Primary therapist breaks down the information in alphabetical order. The categories of this report are client name, client number, service date, service time, co-staff number, co-staff time, procedure code, group count, staff time and billed minutes and amount billed. At the end there is a total $ amount for the clinic and total number of minutes billed.

One variation of the report might also list ANY procedure code for which the amount of time the client was involved in the service exceeded 270 minutes (4 2 Hours). That is, the service indicates the client was receiving Outpatient Service in excess of 4 2 hours.

How to get the Report:
The report is automatically generated on the 12th of each month. Special runs of the report can be requested from Application Services Group (ASG).

How to use the report:
A service shown on the report might be correct. However, the original CDI should be used for verification to ensure the correct procedure code, Hours, Minutes and Group Count on the CDI agree with the report. If there is an error, coordinate correction with the Business Office.

Change Authorization Requirement: Deputy Director, Billing Office

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS921

Services from 4/01/04 through 4/30/04
Services at ONTARIO HOMELESS SHELTER (H2834)
Testing Procedure Code 361 for services exceeding $500

                                Client   Service   Svc   Co Stf Co-Svc Proc Grp Staff
         Billed   Amount
                  Client Name   Number   Date   Time   Nmbr   Time   Code Cnt Time
         Minutes   Billed

            Nothing to Report   4/30/04   0
              0   0.00

                                                     TOTAL FOR REPORTING UNIT:
              0   0.00

                   ****
                   CONFIDENTIAL INFORMATION - FOR AUTHORIZED PERSONNEL ONLY
                   ****

REPORT MHS922

INPATIENT DAILY STATISTICS FOR CMC REPORTING

Report Description:
This report is created to identify certain statistical items for reporting to CMC. The information provided is the date, the number of admits, discharges, and Administrative Days during the reporting month. Also listed are the clients that have been readmitted during the report month within 14 days of the last discharge. Information provided on this report is client number, client name, episode opening, episode closing, next episode, primary therapist, and CMC number. There is then a detail of readmission within 48 hours of discharge, and a detail of information of readmission between 3 - 15 days.

How to Get the Report:
The report is set for automatic generation on the 7th of each month. This report is like the 908 reports, only this is the daily report and the 908 is the monthly version. The standard user from the report menu cannot create this report.

How to Use the Report:
The report is intended to provide data for CMC reporting forms as required.

Change Authorization Requirement: Inpatient

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS922

                              INPATIENT DAILY STATISTICS FOR CMC REPORTING

Report for the period from MIDNIGHT 5/10/04 through MIDNIGHT 5/11/04

          ADMISSIONS: 5
          DISCHARGES: 16
          DISCHARGES TO C.M.C.:   0

    Client   Episode   Episode   Next
    Number   Client Name   Opening   Closing   Episode   Primary
Therapist   CMC #

DETAIL OF READMISSIONS WITHIN 48 HOURS:
                         0 READMISSIONS WITHIN 48 HOURS OF DISCHARGE

DETAIL OF READMISSIONS BETWEEN 3 AND 15 DAYS:
                         0 READMISSIONS BETWEEN 3 AND 15 DAYS.

REPORT MHS923

INPATIENT PSYCHIATRISTS STATISTICS FOR CMC REPORTING

Report Description:
This report is selected data extracted for CMC reporting that relates to information about the DBH Psychiatrists. The information provided is sorted by the name of the Psychiatrist providing the service. The information listed for Inpatient Statistics are number of admission during period, number of discharges during the period, total number of cases during the period, number of open cases at end of period, number of cases referred to CMC, and select admission data about referral from. These counts are divided by age of client (adult or child). The second half is AES activity statistics and lists number of AES cases admitted to Inpatient, number of AES cases Seen and Release, total number of AES cases, select AES outward data, select AES inward data (referral from), and number of cases under 5150 from all sources.

How to Get the Report:
This report is requested by the Operations Staff under the instructions from Dr. Belen

How to Use the Report:
The report provides statistics related to type and nature of client, diagnosis, and client disposition.

Change Authorization Requirement: Inpatient

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS923

Report for the period from 4/01/04 to 4/30/04
Practioner: OTHER THAN PSYCHIATRIC STAFF

          INPATIENT STATISTICS:
                                                                    ADULT   CHILD
               TOTAL
Admissions during the period: 0   0
          0
Discharges during the period: 0   0
          0

Total Cases during the period: 0   0
          0

Open Cases at end of period: 0   0
          0

SELECT DISCHARGE DATA:
          Cases referred to CMC: 0   0
          0

SELECT ADMISSION DATA:
          Referral from DMH-AES: 0   0
          0
          Referral from Nursing Facility: 0   0
          0
          Referral from DMH Clinic: 0   0
          0
          Referral from Jail/JH: 0   0
          0
          Referral from CMC: 0   0
          0

               ****

          AES ACTIVITY STATISTICS:

AES Cases Admitted to Inpatient:
          0
AES Cases Seen and Released:
          5

TOTAL AES CASES:
          5

SELECT AES OUTWARD DATA:
     Cases referred to CMC:
          1

SELECT AES INWARD DATA:
          Referral from CMC:
          0
          Referral from Nursing Facility:
          0
          Referral from DMH Clinics:
          0
          Referral from Jail/JH:
          0

          Cases (all sources) under 5150:
          1

REPORT MHS925

SELECT AES ATTENDING PHYSICIAN CASELOAD REPORT

Report Description:
This report is selected data extracted for CMC reporting that relates to information about the DBH Psychiatrists in conjunction with AES assignments. The information provided is a listing for a specified time period by attending physician. The information provided is cases seen at AES and released, cases with schizophrenic disorders, AES cases with paranoid disorders, AES cases with other psychoses, AES cases with mood disorders, AES cases with V Codes. The information on the client is chart number, FN$Floor, Diagnostic class, description, legal status, referral source, and CMC chart number. There is a total number of cases seen in AES at the end of the report.

How to Get the Report:
This report is requested by the Operations Staff under the instructions from the Medical Director. Standard staff from the reports menu cannot create this report.

How to Use the Report:
The report assesses statistics related to type and nature of client, diagnosis, and client disposition.

Change Authorization Requirement: Medical Director

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS925

ACTIVITY FROM 4/01/04 TO 4/30/04
ATTENDING PHYSICIAN: GURMIT SEKHON, M.D.

Chart Number	Age	Sex	AES Date Seen	Primary Diagnosis	Description	Legal Status	Refer Source	CMC

Chart Number

CASES SEEN AT AES AND RELEASED -
  AES Cases with Childhood and Adolescence Disorders

	12	F	4/01/04	313.81	OPPOSITIONAL DISORDER	W60000	1	
1332735								
	9	M	4/01/04	313.81	OPPOSITIONAL DEFIANT DISORDER	W55850	1000	
1532060								
	9	M	4/01/04	313.81	OPPOSITIONAL DISORDER	W55850	1000	
1532060								
	12	F	4/01/04	313.81	OPPOSITIONAL DEFIANT DISORDER	W60000	1	
1332735								
1004891	4	M	4/15/04	313.81	OPPOSITIONAL DISORDER	W60000	1	
1534331								
1004891	4	M	4/15/04	313.81	OPPOSITIONAL DEFIANT DISORDER	W60000	1	
1534331								
1063261	3	M	4/15/04	313.81	OPPOSITIONAL DEFIANT DISORDER	W60000	2	
1534273								
1063261	3	M	4/15/04	313.81	OPPOSITIONAL DISORDER	W60000	2	
1534273								

           Total AES Cases with Childhood and Adolescence Disorders   8

  AES Cases with Schizophrenic Disorders

	32	M	4/29/04	295.30	SCHIZOPHRENIA, PARANOID	W51500	1000	
513516								
	68	M	4/08/04	295.90	SCHIZOPHRENIA, UNDIFFERENTIATED	W51500	1000	
1093483								
	20	M	4/08/04	295.90	SCHIZOPHRENIA, UNDIFFERENTIATED	W51500	1000	
1313932								
510596	49	M	4/13/04	295.90	SCHIZOPHRENIA, UNDIFFERENTIATED	W51500	1000	
510596								
1065325	18	M	4/13/04	295.90	SCHIZOPHRENIA, UNDIFFERENTIATED	W51500	1000	
1533818								
602395	35	F	4/16/04	295.90	SCHIZOPHRENIA, UNDIFFERENTIATED	W51500	1000	
302273								

           Total AES Cases with Schizophrenic Disorders   6

  AES Cases with Paranoid Disorders

	32	M	4/29/04	295.30	SCHIZOPHRENIA PARANOID TYPE	W51500	1000	
513516								
	43	M	4/01/04	295.70	SCHIZOAFFECTIVE DISORDER	W51500	1000	
709762								
	13	M	4/01/04	295.70	SCHIZOAFFECTIVE DISORDER	W60000	1	
1088470								
	34	F	4/01/04	295.70	SCHIZOAFFECTIVE DISORDER	W51500	1000	
1155542								
1534289	48	M	4/15/04	295.70	SCHIZOAFFECTIVE DISORDER	W51500	1000	
1534267	49	M	4/15/04	295.70	SCHIZOAFFECTIVE DISORDER	W51500	1000	
1534608	46	F	4/17/04	295.70	SCHIZOAFFECTIVE DISORDER	W51500	1000	
1399001	18	F	4/17/04	295.70	SCHIZOAFFECTIVE DISORDER	W51500	1000	
1323913	20	M	4/20/04	295.70	SCHIZOAFFECTIVE DISORDER	W51500	1000	
1535285	22	F	4/22/04	295.70	SCHIZOAFFECTIVE DISORDER	W51500	1000	
1349749	41	F	4/27/04	295.70	SCHIZOAFFECTIVE DISORDER	W51500	1000	
883649	36	M	4/29/04	295.70	SCHIZOAFFECTIVE DISORDER	W60000	1	
988140	20	M	4/08/04	295.90	SCHIZOPHRENIA UNDIFFERENTIATED T	W51500	1000	
1313932								
696603	68	M	4/08/04	295.90	SCHIZOPHRENIA UNDIFFERENTIATED T	W51500	1000	
1093483								

```
      1065325  18  M   4/13/04   295.90  SCHIZOPHRENIA UNDIFFERENTIATED T  W51500  1000
1533818
       510596  49  M   4/13/04   295.90  SCHIZOPHRENIA UNDIFFERENTIATED T  W51500  1000
  510596
       602395  35  F   4/16/04   295.90  SCHIZOPHRENIA UNDIFFERENTIATED T  W51500  1000
  302273
      1063152  35  M   4/12/04   298.9   PSYCHOTIC DISORDER NOS            W51500  1000
1527471
       955467  20  F   4/12/04   298.9   PSYCHOTIC DISORDER NOS            W51500  1010
1272950
      1064613  26  M   4/15/04   298.9   PSYCHOTIC DISORDER NOS            W51500  1000
1531690
      1047730  11  F   4/22/04   298.9   PSYCHOTIC DISORDER NOS            W51500  1000
1332052
       946970  22  F   4/24/04   298.9   PSYCHOTIC DISORDER NOS            W51500  1010
1465551
```

REPORT MHS928

QUESTIONABLE OUTPATIENT SERVICES DURING INPATIENT EPISODES

Report Description:
This report is a listing of services reported that may cause inpatient service claims to Medi-Cal to be disallowed. The report shows key information for identifying the questionable services, and the corresponding reporting unit, client number, service date, procedure code, staff number, staff duration, group count, co-staff number, co-staff duration, treatment location, cost of service, Inpatient opening date, Inpatient closing date, Inpatient diagnosis and attending physician for the Inpatient episode. The report also indicates the procedure code description.

How to Get the Report:
The report is automatically generated on the 10th of each month. One copy of all findings is supplied to the Business Office. A copy of findings (if any) is reported to the clinics that have the questionable service. This is a positive report for the Business Office only, a "NOTHING TO REPORT" is not generated for the clinics.

How to Use the Report:
This report is used to supply information to the Business Office for identifying any outpatient services entered into the system that could prevent billing of an Inpatient day.

Change Authorization Requirement: Business Office

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS928

FOR SERVICES ENTERED FROM 4/01/04
    Not including current month (5/2004) activity.

											Inpat	
Inpat												
Rptg	Client	Date of	Proc	Staff	Staff	Grp	Co Stf	Co Stf	Trmt	Cost of		Opening
Closing	Inpat	Attnd										
Unit	Number	Service	Code	Numb	Durat	Cnt	Numb	Durat	Loc	Service		Date	Date
Diag	Phys											

SERVICES RENDERED BY KATHLEEN SAFKEN (382)

| 36CH1 | ▮ | 7/08/03 | 561 | 382 | 1:10 | 1 | 0 | 0:00 | 3 | 123.90 | ____ | 5/27/03 |
| 7/10/03 | 295.70 | 2933 | _____ |

LINKAGE & CONSULTATION

SERVICES RENDERED BY TRENEE ZWEIGLE (4039)

| 36CH1 | ▮ | 7/07/03 | 561 | 4039 | 0:30 | 1 | 0 | 0:00 | 3 | 53.10 | ____ | 7/06/03 |
| 7/08/03 | 295.30 | 4034 | _____ |

LINKAGE & CONSULTATION

SERVICES RENDERED BY BEATRIZ AVALOS (4258)

| 36CH1 | ▮ | 3/12/04 | 561 | 4258 | 0:15 | 1 | 0 | 0:00 | 2 | 26.55 | ____ | 3/05/04 |
| 3/18/04 | 295.70 | 3452 | _____ |

LINKAGE & CONSULTATION

SERVICES RENDERED BY HORACE BRUNSON JR. (4382)

| 36CH1 | ▮ | 3/14/04 | 551 | 4382 | 0:05 | 1 | 0 | 0:00 | 3 | 11.40 | ____ | 3/13/04 |
| 3/16/04 | 295.70 | 2933 | _____ |

REHAB/ADL

SERVICES RENDERED BY LOLA BROWN (4390)

| 36CH1 | ▮ | 3/01/04 | 561 | 4390 | 0:10 | 1 | 0 | 0:00 | 3 | 17.70 | ____ | 2/28/04 |
| 3/02/04 | 298.9 | 3452 | _____ |

LINKAGE & CONSULTATION

SERVICES RENDERED BY EDITHA PADUA (4517)

| 36CH1 | ▮ | 4/19/04 | 361 | 4517 | 0:10 | 1 | 0 | 0:00 | 3 | 42.30 | ____ | 4/17/04 |
| 4/20/04 | 295.70 | 3861 | _____ |

MEDICATION-T1

| 36CH1 | ▮ | 4/19/04 | 361 | 4517 | 0:10 | 1 | 0 | 0:00 | 1 | 42.30 | ____ | 4/17/04 |
| 4/20/04 | 295.70 | 3861 | _____ |

MEDICATION-T1

| 36CH1 | ▮ | 4/19/04 | 361 | 4517 | 0:10 | 1 | 0 | 0:00 | 3 | 42.30 | ____ | 4/17/04 |
| 4/20/04 | 295.70 | 3861 | _____ |

MEDICATION-T1

FOR SERVICES ENTERED FROM 4/01/04
    Not including current month (5/2004) activity.

FOR PHOENIX OUTPATIENT (86301)

        SERVICES RENDERED BY GWENDOLYN HILL (2685)

											Inpat	
Inpat												
Rptg	Client	Date of	Proc	Staff	Staff	Grp	Co Stf	Co Stf	Trmt	Cost of	Opening	
Closing	Inpat	Attnd										
Unit	Number	Service	Code	Numb	Durat	Cnt	Numb	Durat	Loc	Service	Date	Date
Diag	Phys											

86301	▆▆▆▆	4/27/04	361	2685	0:10	1	0	0:00	1	43.70	____	4/23/04
4/28/04	295.90	4034	_____									
										MEDICATION-T1		

        SERVICES RENDERED BY BOOKER BASKIN (3398)

86301	▆▆▆▆	3/22/04	361	3398	2:10	1	0	0:00	2	568.10	____	2/20/04
4/05/04	295.70	2933	_____									
										MEDICATION-T1		

REPORT MHS929

OUTPATIENT ACTIVITY COMPROMISING INPATIENT BILLING FINAL

Report Description:
Just like the MHS928 report, this report is a listing of services reported that may cause inpatient service claims to Medi-Cal to be disallowed. The report shows key information for identifying the questionable services, and the corresponding reporting unit, client number, service date, procedure code, staff number, staff duration, group count, co-staff number, co-staff duration, treatment location, cost of service, opening date, closing date, Inpatient diagnosis and attending physician for the inpatient episode. The report also indicates the procedure code description.

How to Get the Report:
The report is generated by request of the Business Office; a copy of all findings is supplied to the Business Office Supervisor. This is a positive report for the Business Office.

How to Use the Report:
This report is used to supply information to the Business Office for identifying any outpatient services entered into the system that could prevent billing of an inpatient day.

Change Authorization Requirement: Business Office Supervisor

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS929

FOR SERVICES ENTERED FROM 2/10/01
    Not including current month (2/2001) activity.

											Inpat	
Inpat												
Rptg	Client	Date of	Proc	Staff	Staff	Grp	Co Stf	Co Stf	Trmt	Cost of		Opening
Closing	Inpat	Attnd										
Unit	Number	Service	Code	Numb	Durat	Cnt	Numb	Durat	Loc	Service		Date	Date
Diag	Phys											

FOR MESA COUNSELING SERVICES (36911)

        SERVICES RENDERED BY ██████████ (3351)

| 36911 | ██████ | 1/23/01 | 561 | 3351 | 1:44 | 1 | 0 | 0:00 | 1 | 150.80 | ____ | 1/19/01 |
| 1/23/01 | 295.90 | 2977 | _____ | | | | | | | | | |

                                                    LINKAGE & CONSULTATION

FOR ████████ (36A21X)

        SERVICES RENDERED BY ████████ (10031)

| 36A21X | ██████ | 6/25/98 | 803 | 10031 | 0:25 | 1 | 0 | 0:00 | 1 | 89.25 | ____ | 6/19/98 |
| 7/01/98 | 295.90 | 751 | _____ | | | | | | | | | |

                                                    Nursing Facility Assessment

FOR ████████████ (36A22F)

        SERVICES RENDERED BY ████████████ (10049)

| 36A22F | ██████ | 7/07/00 | 361 | 10049 | 0:15 | 1 | 0 | 0:00 | 1 | 51.90 | ____ | 7/01/00 |
| 7/07/00 | 295.90 | 2933 | _____ | | | | | | | | | |

                                                    MEDICATION-T1

| 36A22F | ██████ | 8/19/99 | 341 | 10049 | 0:30 | 1 | 0 | 0:00 | 1 | 51.90 | ____ | 8/18/99 |
| 8/19/99 | 311 | 1342 | _____ | | | | | | | | | |

                                                    INDIVIDUAL-T1

| 36A22F | ██████ | 12/14/00 | 361 | 10049 | 0:15 | 1 | 0 | 0:00 | 1 | 51.90 | ____ | 12/09/00 |
| 12/14/00 | 295.90 | 2977 | _____ | | | | | | | | | |

                                                    MEDICATION-T1

| 36A22F | ██████ | 11/12/99 | 341 | 10049 | 0:30 | 1 | 0 | 0:00 | 1 | 51.90 | ____ | 11/01/99 |
| 11/16/99 | 296.33 | 1342 | _____ | | | | | | | | | |

                                                    INDIVIDUAL-T1

FOR ████████████ (36A23H)

        SERVICES RENDERED BY ████████████ (10084)

| 36A23H | ██████ | 1/28/00 | 361 | 10084 | 0:15 | 1 | 0 | 0:00 | 1 | 55.05 | ____ | 1/27/00 |
| 2/14/00 | 295.30 | 2991 | _____ | | | | | | | | | |

                                                    MEDICATION-T1

| 36A23H | ██████ | 4/24/98 | 803 | 10084 | 0:50 | 1 | 0 | 0:00 | 1 | 178.50 | ____ | 4/22/98 |
| 4/28/98 | 295.70 | 179 | _____ | | | | | | | | | |

                                                    Nursing Facility Assessment

| 36A23H | ██████ | 2/03/00 | 361 | 10084 | 0:15 | 1 | 0 | 0:00 | 1 | 55.05 | ____ | 1/20/00 |
| 2/10/00 | 295.30 | 136 | _____ | | | | | | | | | |

                                                    MEDICATION-T1

REPORT MHS932

Client Services Listing

Report Description:
This report is a list of all direct services provided to an individual client for the dates requested. The information provided is client chart number, client name, service date, reporting unit, provider, procedure code, procedure, staff number, therapist, total units of time, and cost of the service.

How to Get the Report:
Only the Compliance Unit and Operations Staff can create this report from the reports menu. You must specify the reporting unit number, client number and the start and ends of the time period requested.

How to Use the Report:
This report is used to compare services entered into the computer with the entries in the chart.

Note:
This report is a replica of the MHS912 report the only difference is that the MHS932 can list all direct services for one specific reporting unit number whereas the MHS912 can list all direct services for one specific provider number.

Change Authorization Requirement: ASG Programmer

File Directory: MHS_OUTPUT_REPORT

File Name: Report_MHS932

Services from 4/01/04 to 6/30/04
     for client ████████████ (████████)
          at ANN LOLENG

Service Date	Rptg Unit	Provider	Proc Code	Procedure	Stf Nbr	Clinician	Total Time	Service Cost
4/12/04	36A5KP	ANN LOLENG	331	ASSESSMENT-T1	****	LOLENG	1:45	247.80
4/20/04	36A5KP	ANN LOLENG	331	ASSESSMENT-T1	****	LOLENG	1:45	247.80
5/04/04	36A5KP	ANN LOLENG	341	INDIVIDUAL-T1	****	LOLENG	1:00	141.60
5/11/04	36A5KP	ANN LOLENG	341	INDIVIDUAL-T1	****	LOLENG	1:00	141.60
5/18/04	36A5KP	ANN LOLENG	341	INDIVIDUAL-T1	****	LOLENG	1:00	141.60
5/25/04	36A5KP	ANN LOLENG	341	INDIVIDUAL-T1	****	LOLENG	1:00	141.60
6/01/04	36A5KP	ANN LOLENG	341	INDIVIDUAL-T1	****	LOLENG	1:00	141.60
6/18/04	36A5KP	ANN LOLENG	341	INDIVIDUAL-T1	****	LOLENG	1:00	141.60

          Total for 8 services   9:30 $1,345.20

REPORT MHS 937

SERVICE SUMMARY TOTALS BY PAYOR CLASSIFICATION

Report Description:
This reports details information about the services provided and the amount paid by each payor source for the service. The information provided is service dates being provided, mode and service function code, description, total, patient pay, insurance, Medicare, Medi-Cal, Medicare and Medi-Cal, AB3632 All Sources and County payor. The grand totals are provided at the end of the report.

How to Get the Report:
This report is created by the Operations Staff for the Fiscal section on a quarterly basis. The standard user from the reports menu cannot execute this report.

How to Use the Report:
This report is used to capture the service by payor source and crossover information.

Change Authorization Requirement: Fiscal

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS937

REPORT MHS938

AES REGISTRATION LOG

Report Description:
This report is a listing of clients registered at AES during a specified 35 hour period, as well as a report of AES episodes entered on a specified to and from date. The information provided includes the date of the registrations, chart number, client number, date of birth, missing blues (special papers from AES), paperwork received, paperwork missing, and late date paperwork received.

How to get the Report:
The report is automatically run daily at 11:30 am and distributed to the Medical Records print queue. If a rerun of a prior period is needed, entering the specific information at runtime in lieu of accepting default parameters can produce it. Standard user from the reports menu cannot create this report.

How to Use the Report:
The Medical Records staff uses this report to track late or missing paperwork from the AES services clinic.

How to use the report: This report is used as defined in Medical Records procedures.

Change Authorization Requirement: Medical Records Supervisor

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS938

CLIENTS REGISTERED AT AES ADMITTED (86314)   PRIMARY REPORT DATE: 10-MAY-2004*
Report of AES episodes entered from 5/10/2004 to 5/11/2004 (11am)   * Excludes any registrations entered for 5/11/04

Chart Number	Client Name	DOB	Missing Blues	Paperwork Received	Paperwork Missing	Late Date Paperwork Received
REGISTRATIONS OF 5/06/2004 (Delayed Entry)						
████████	████████████	8/15/63	_____	_____	_____	_____
REGISTRATIONS OF 5/07/2004 (Delayed Entry)						
███████	███████████████	7/03/61	_____	_____	_____	_____
		12/16/80	_____	_____	_____	_____
		7/18/81	_____	_____	_____	_____
		8/07/60	_____	_____	_____	_____
REGISTRATIONS OF 5/08/2004 (Delayed Entry)						
███████	██████████	1/14/81	_____	_____	_____	_____
		10/27/57	_____	_____	_____	_____
		11/09/49	_____	_____	_____	_____
		8/10/56	_____	_____	_____	_____
		11/18/50	_____	_____	_____	_____
		1/25/63	_____	_____	_____	_____
		2/17/45	_____	_____	_____	_____
		10/03/53	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

REPORT MHS941

MONTHLY CLIENT CHARGES REPORT

Report Description:
Listing of direct services rendered to clients in the previous month by provider including charges incurred. The information provided based on specified dates and clinic, includes service date, procedure code, primary therapist time, primary therapist, co-staff time, co-staff, group count, service amount. The report lists services for each client in alphabetical order and their entire month=s services.

How to Get the Report:
The report is automatically generated (approximately) on the 10th of each month by the operation staff. The standard user from the reports menu cannot create this report.

How to Use the Report:
The primary purpose of the report is to provide a tool to verify charts. From the listing, the chart can verify that an entry has been made to document the service. The service can be deleted if in error. Also, from the chart, all services documented can be verified as having been entered correctly in the system.

Change Authorization Requirement: Program Managers

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS941

REPORT OF SERVICES FROM 4/01/04 TO 4/30/04
SERVICES AT PEGASUS/CASE MANAGEMENT (86871)

Service Date	Procedure Code	Therp Time	Primary Therapist	Co-Stf Time	Co-Therapist	Grp Cnt	Service Amount
SERVICES FOR CLIENT: ████████ ██████							
4/09/2004 361 - MEDICATION-T1		0:16	600 - VILLAR			1	63.20
Client ████ Total		0:16		0:00			63.20
SERVICES FOR CLIENT: ██████████ ██████							
4/09/2004 361 - MEDICATION-T1		0:16	600 - VILLAR			1	63.20
Client ████ Total		0:16		0:00			63.20
SERVICES FOR CLIENT: █████████ █████							
4/30/2004 361 - MEDICATION-T1		0:17	600 - VILLAR			1	67.15
Client ████ Total		0:17		0:00			67.15
SERVICES FOR CLIENT: ██████████ █████							
4/30/2004 361 - MEDICATION-T1		0:15	600 - VILLAR			1	59.25
Client ████ Total		0:15		0:00			59.25
SERVICES FOR CLIENT: ██████████ █████							
4/30/2004 361 - MEDICATION-T1		0:16	600 - VILLAR			1	63.20
Client ████ Total		0:16		0:00			63.20
SERVICES FOR CLIENT: █████████ █████							
4/09/2004 361 - MEDICATION-T1		0:20	600 - VILLAR			1	79.00
Client ████ Total		0:20		0:00			79.00
SERVICES FOR CLIENT: ███████████ █████							
4/30/2004 361 - MEDICATION-T1		0:16	600 - VILLAR			1	63.20
Client ████ Total		0:16		0:00			63.20
SERVICES FOR CLIENT: █████████ █████							
4/30/2004 361 - MEDICATION-T1		0:16	600 - VILLAR			1	63.20
Client ████ Total		0:16		0:00			63.20
REPORTING UNIT TOTAL		2:12		0:00			521.40

        TOTAL CDI COUNT: 8

```
****************************************************************
Confidential Patient Information - For Authorized Personnel Only
****************************************************************
```

REPORT MHS942

CLINIC SUPERVISORS SUMMARY MORNING REPORT

Report Description:
Report MHS942 is an overview report notifying a clinic if there has been activity within DBH related to a client on active caseload at that clinic. For notification purposes, the respective CARE regions are treated as a clinic. The purpose of the report is to advise clinic supervisors of their clients' activities. The information reported shows client name, client number, primary therapist, clinic opening date, current date, and details (e.g. admitted, opened, referral, discharge). Following this information are the Clinic Supervisor Client Messages.

How to Get the Report:
The report runs automatically each morning, and is distributed to designated print queues based on open episodes. The report is a "Positive Reporting", thus one will be created each day (including Saturdays, Sundays and Holidays).

How to use the report:
The report identifies any client on a clinic caseload, which has activity elsewhere in DBH; it identifies new registrations to the clinic during the reporting period, and identifies discharges to the clinic during the period. All activities are based upon entry date in the computer, and not necessarily the effective date of the activities. The categories and information shown for each are:

***** SEEN AT AES AND RELEASED: Clinic clients seen at AES and released. Listed are the Primary Therapist at the Clinic, the AES Attending Physician, AES Diagnosis, and AES Admission Legal Status.

***** SEEN AT AES AND ADMITTED TO INPATIENT: Clinic clients seen at AES and Admitted to Inpatient. Listed are the Primary Therapist at the Clinic, the AES Admitting Physician, AES Diagnosis, and AES Admission Legal Status.

***** CLIENTS CURRENTLY ON INPATIENT:
Clinic clients currently in the Inpatient Unit. Listed are the Primary Therapist at the Clinic, the Inpatient Admission date, the Inpatient Diagnosis, and the Inpatient Admission Legal Status.

***** DISCHARGES FROM INPATIENT AND REFERRED TO: Clinic clients previously on Inpatient where the discharge was recorded during the report period. Listed are the Primary Therapist at the Clinic, the date of discharge from Inpatient, the Inpatient Attending Physician, the reason for discharge from Inpatient, and the referral given by Inpatient to the client discharge.

***** NEW CLIENTS REGISTERED AT THIS CLINIC: New clients registered at your clinic during the report period. Listed are the Primary Therapist for the new client, source of referral to your clinic, diagnosis at your clinic, and Admission Legal Status at your clinic.

***** EPISODES OPENED AT ANOTHER CLINIC: Clients registered new at another DBH clinic during the report period. Listed are the Primary Therapist at your clinic, the registration date at the other clinic, the other clinic, diagnosis at the other clinic, and the Primary Therapist at the other clinic.

***** CLIENTS DISCHARGED FROM THIS CLINIC: Clients discharged during the report period. Listed are the Primary Therapist at your clinic, actual date of discharge, the reason for discharge from your clinic, and the referral given the client at your clinic.

***** EPISODES CLOSED AT ANOTHER CLINIC: Clients also registered at another DBH clinic, but discharged from the other DBH clinic during the report period. Listed are the Primary Therapist at your clinic, the closing date at the other clinic, the reason for discharge from the other clinic, and the referral given at the other clinic at the time of discharge.

***** CDI INPUT SUMMARY: A raw count of CDI lines input during the report period, with both Direct Services and Indirect Services. This is not a count of CDI's for the date being reported, just a count of those input on the date being reported.

For all of the categories above, the Primary Therapist shown is the staff member at your clinic for the episode. Also, the Clinic Opening Date is the registration date of that client at your clinic.

Where "Clinic" is noted above, if the reporting unit of the "Clinic" or "Other Clinic" is CARE*, Primary Therapist for the CARE* unit would be the Coordinator, and so forth. For example, a report showing a client opened at CARE* as "Another Clinic" indicates the Coordinated Care Plan was entered into the system for that client over the report period. If the report is to a CARE* unit, it is intended to notify the Coordinator that similar data is being advised to a client's Primary Therapist.

Only if applicable, the Client Messages that normally comprise the MHS120 ("Morning Report@) will be an additional page headed "CLINIC SUPERVISOR CLIENT MESSAGES". Included on this page are items typically requested by the FI or Business Office using the Client Messages facility of the system. If there are no messages for your clinic, no additional page will be created.

Change Authorization Requirement: Program Managers

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS942

FROM ACTIVITY REPORTED FROM MIDNIGHT 5/11/04 TO MIDNIGHT 5/12/04
EPISODE ACTIVITY AFFECTING UPLAND COMMUNITY COUNSELING (86781)


```
                                                               Clinic
                         Client                                Opening
  Client Name            Number      Primary Therapist         Date        Details
```

***** SEEN AT AES AND RELEASED:
   Nothing to Report

***** AES ADMISSIONS TO INPATIENT:
   Nothing to Report

***** CLIENTS CURRENTLY ON INPATIENT:
   ████████████   ██████ INDERPAL DHILLON (90)   3/30/04 At Inpatient since 5/04/04
                                Diagnosis: 295.70   Admission Status - 72 HOUR HOLD
***** DISCHARGES FROM INPATIENT AND REFERRED TO:
   Nothing to Report

***** NEW CLIENTS REGISTRED AT THIS CLINIC:
   Nothing to Report

***** EPISODES OPENED AT ANOTHER CLINIC:
   ████████████   ██████ VANESSA VOLLMER (3070)   4/06/04 Opened 5/11/04 at CHINO MULT
                                Diagnosis: 300.02 Clinician - VICTORIA GRUVER
   ████████████   ██████ SUZANNE NELSEN (232)   5/06/04 Opened 5/03/04 at WEFCS
                                Diagnosis: 799.9   Clinician - CECILIA JOHNSON
***** CLIENTS DISCHARGED FROM THIS CLINIC:
   ████████████   ██████ KAREN WILLIAMS (2071)   1/27/04 Discharged 5/06/04
                                Reason: CLIENT WITHDREW Referred to: SELF
***** EPISODES CLOSED AT ANOTHER CLINIC:
   Nothing to Report

***** CDI INPUT SUMMARY:
Direct Services: 1

   Activity noted above at other clinics is only that activity which occurred during the period noted related to
   clients currently registered at this clinic. This page does not report of all activity at all clinics, nor
   report all activity of AES or Inpatient.

REPORT MHS944

MONTHLY STATISTICAL REPORT YEAR BY MONTHS

Report Description:
This report gives results of analysis by reporting unit program, DMH only, Contract only, and DBH and Contract for a current month, year-to-date, or year-by-month trend format. The information provided on this report is by month with a total in categories: beginning caseload, admissions, discharges, and ending caseload. The report lists for outpatient services (mode 15), the type of service (by service function code), by month with totals for each type of service. For day treatment half days are listed. The last section gives information on Inpatient type of services (Mode 10-18), Administrative (mode 19), and Residential (mode 60, 65).

How to get the Report:
Automatically generated on the 13th of each month or upon request to the Data Processing operations staff from Research and Evaluation staff. This report is cannot be created by standard staff from the reports menu.

How to use the report:
Primary uses of this report and/or created files are for the Director and the preparation of charts and handouts to the Mental Health Advisory Commission.

Change Authorization Requirement: Research and Evaluation

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS944

REPORT MHS946

FINANCIAL INTERVIEWERS CLIENT LISTING

Report Description:
This report is for the Financial Interviewers Office as an Emergency Standby Client Listing for use when SIMON or INSYST are not available. The information provided is both DAS and MHS, by client number, account number, SSN, sex, client last name, client first name, middle initial, generation, date of birth, marital status, program, and CMC number. The second part lists UMDAP effective date, UMDAP expiration date, regular flag, full pay flag, rollover, other, annual liability, billing group and responsible party.

How to get the Report:
Report runs automatically on the 27th of each month creating import files for upload to the FI computer and a hard copy report file for printing if absolutely necessary. (This takes 16 hours minimum worth of printing on the system printer).

How to use the report:
The report and PC lookup is intended as a minimal substitute for Client Locator and UMDAP functions as may be needed for SIMON or INSYST downtime.

Change Authorization Requirement: Financial Interviewers

File Directory: MHS_OUTPUT_REPORT

File Name: NOT SHOWN IN PRINT QUEUE

REPORT MHS947

INPATIENT CLIENTS ON WARD OVER 5 DAYS REPORT

Report Description:
A listing of those clients currently on Inpatient in excess of 5 days for the current episode. The information reported is by episode opened before and the current date followed by listing the client name, client number, episode opening date, diagnosis, admission status and attending physician.

How to Get the Report:
The report is automatically generated daily for Inpatient ONLY. Standard users from the reports menu cannot create this report.

How to Use the Report:
This report can be used as a tool for communication with Inpatient and placement staff for those clients with a stay of over 5 days.

Change Authorization Requirement: Inpatient Program Manager

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS947

EPISODES OPENED BEFORE 5/06/04

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                                 EPISODE
             CLIENT       CLIENT  OPENING                        ADMISSION                    ATTENDING
             NAME         NUMBER   DATE    DIAGNOSIS              STATUS                       PHYSICIAN
                                  3/06/04   312.30   72 HOUR HOLD FOR MINORS    LOUIS MONTY
                                  4/22/04   295.30   72 HOUR HOLD               DOAN NGUYEN
                                  4/23/04   295.90   72 HOUR HOLD               LARRY LAWRENCE
                                  4/27/04   296.90   72 HOUR HOLD               LARRY LAWRENCE
                                  4/28/04   295.90   72 HOUR HOLD               CONRADO SEVILLA
                                  4/29/04   295.30   72 HOUR HOLD               KHUSHRO UNWALLA
                                  5/03/04   298.9    72 HOUR HOLD               KHUSHRO UNWALLA
                                  5/04/04   296.34   72 HOUR HOLD               DOAN NGUYEN
                                  5/04/04   295.70   72 HOUR HOLD               PHUOC TRAN
                                  5/04/04   295.70   72 HOUR HOLD               KHUSHRO UNWALLA
                                  5/04/04   296.33   72 HOUR HOLD               LARRY LAWRENCE
                                  5/05/04   296.44   72 HOUR HOLD               LARRY LAWRENCE
                                  5/05/04   296.33   72 HOUR HOLD               DOAN NGUYEN
                                  5/06/04   296.54   VOLUNTARY                  KHUSHRO UNWALLA
                                  5/06/04   296.44   72 HOUR HOLD               LARRY LAWRENCE
                                  5/06/04   295.90   72 HOUR HOLD               PHUOC TRAN
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            *******************************************************************
            Confidential Patient Information - For Authorized Personnel Only
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REPORT MHS948

INPATIENT ROSTER BY ATTENDING PHYSICIAN

Report Description:
This report is an active roster of Adult Inpatient and Children's Inpatient as of the runtime displaying the amount of time each client has been on the Ward. The information provided on this report is date of information, MD, client number, client name, episode opening date and time, diagnosis, admission legal status, current unit and Ward day and hour.

How to get the Report:
Automatically generated on a daily basis to the Inpatient print queue. Standard users from the reports menu cannot create this report.

How to use the report:
There are two versions of the report: by Ward (Adult or Children's) by admit date and time; and by Attending Physician (on either Ward). This report should be reviewed to ensure legal hearings or similar commitments are met, as well as to call attention to the clients on the Ward for an excessive duration.

Change Authorization Requirement: Inpatient Program Manager

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS948

CLIENT ROSTER AS OF 12-May-2004 05:00 FOR
ADULT INPATIENT (86311)

Client Ward Number	Client Name	Episode Opened	Diag	Admission Status	Attending Physician	Dy-Hr
███	████	5/11 04:00	295.70	72 HOUR HOLD	CONRADO SEVILLA (2991)	1-01
		5/11 02:00	296.80	VOLUNTARY	LARRY LAWRENCE (3452)	1-03
		5/11 02:00	296.33	72 HOUR HOLD	CONRADO SEVILLA (2991)	1-03
		5/11 00:00	311	72 HOUR HOLD	KHUSHRO UNWALLA (2933)	1-05
		5/11 00:00	295.30	FIRST 14 DAY HOLD	DOAN NGUYEN (3861)	1-05
		5/10 20:00	295.30	72 HOUR HOLD	PHUOC TRAN (4034)	1-09
		5/10 19:00	296.34	72 HOUR HOLD	PHUOC TRAN (4034)	1-10
		5/10 18:00	298.9	72 HOUR HOLD	KHUSHRO UNWALLA (2933)	1-11
		5/10 17:00	311	72 HOUR HOLD	LARRY LAWRENCE (3452)	1-12
		5/10 17:00	298.9	72 HOUR HOLD	CONRADO SEVILLA (2991)	1-12
		5/10 16:00	296.80	72 HOUR HOLD	CONRADO SEVILLA (2991)	1-13
		5/10 16:00	298.9	72 HOUR HOLD	KHUSHRO UNWALLA (2933)	1-13
		5/10 00:00	311	72 HOUR HOLD	PHUOC TRAN (4034)	2-05
		5/09 11:00	296.34	72 HOUR HOLD	CONRADO SEVILLA (2991)	2-18
		5/09 09:00	296.33	72 HOUR HOLD	DOAN NGUYEN (3861)	2-20
		5/09 02:00	295.30	72 HOUR HOLD	CONRADO SEVILLA (2991)	3-03
		5/08 21:00	298.9	72 HOUR HOLD	PHUOC TRAN (4034)	3-08
		5/08 20:00	298.9	72 HOUR HOLD	CONRADO SEVILLA (2991)	3-09
		5/08 18:00	298.9	72 HOUR HOLD	PHUOC TRAN (4034)	3-11
		5/08 18:00	298.9	72 HOUR HOLD	KHUSHRO UNWALLA (2933)	3-11
		5/08 14:00	295.70	72 HOUR HOLD	LARRY LAWRENCE (3452)	3-15
		5/08 02:00	296.44	72 HOUR HOLD	LARRY LAWRENCE (3452)	4-03
		5/08 01:00	296.33	72 HOUR HOLD	KHUSHRO UNWALLA (2933)	4-04
		5/07 21:00	298.9	72 HOUR HOLD	DOAN NGUYEN (3861)	4-08
		5/07 20:00	296.32	72 HOUR HOLD	CONRADO SEVILLA (2991)	4-09
		5/07 19:00	296.34	72 HOUR HOLD	LARRY LAWRENCE (3452)	4-10
		5/07 16:00	298.9	72 HOUR HOLD	DOAN NGUYEN (3861)	4-13
		5/07 14:00	296.80	72 HOUR HOLD	PHUOC TRAN (4034)	4-15
		5/07 13:00	295.30	72 HOUR HOLD	DOAN NGUYEN (3861)	4-16
		5/07 04:00	295.30	72 HOUR HOLD	DOAN NGUYEN (3861)	5-01
		5/07 02:00	298.9	72 HOUR HOLD	DOAN NGUYEN (3861)	5-03
		5/06 21:00	296.54	VOLUNTARY	KHUSHRO UNWALLA (2933)	5-08
		5/06 19:00	296.44	72 HOUR HOLD	LARRY LAWRENCE (3452)	5-10
		5/06 03:00	295.90	72 HOUR HOLD	PHUOC TRAN (4034)	6-02
		5/05 16:00	296.44	72 HOUR HOLD	LARRY LAWRENCE (3452)	6-13
		5/05 00:00	296.33	72 HOUR HOLD	DOAN NGUYEN (3861)	7-05
		5/04 21:00	296.34	72 HOUR HOLD	DOAN NGUYEN (3861)	7-08
		5/04 18:00	295.70	72 HOUR HOLD	PHUOC TRAN (4034)	7-11
		5/04 18:00	296.33	72 HOUR HOLD	LARRY LAWRENCE (3452)	7-11
		5/04 02:00	295.70	72 HOUR HOLD	KHUSHRO UNWALLA (2933)	8-03
		5/03 22:00	298.9	72 HOUR HOLD	KHUSHRO UNWALLA (2933)	8-07
		4/29 10:00	295.30	72 HOUR HOLD	KHUSHRO UNWALLA (2933)	12-19
		4/28 18:00	295.90	72 HOUR HOLD	CONRADO SEVILLA (2991)	13-11
		4/27 16:00	296.90	72 HOUR HOLD	LARRY LAWRENCE (3452)	14-13

Revised: 5/14/04   Applications Services Group (ASG)

REPORT MHS952

PREVIOUS MEDI-CAL CLIENTS WITHOUT A CURRENT POE

Report Description:
This is a Business Office report reflecting any client receiving services during the month, if the client had a POE on file for that calendar year or the preceding calendar year. The information reported contains client number, client name, account number, date of birth, SSN, account status, Insurance or Medicare coverage effective date, and expiration date.

How to get the Report:
This report is automatically generated on the 5th of each month. The standard user from the reports menu cannot create this report. It is sent to the Business Office only.

How to use the report:
A client appearing on the report indicates a possibility that a POE was not processed by a clinic, and that potential Medi-Cal revenues may be lost if a POE is not entered into the system. The report is generated to determine if a POE should be entered, or if other circumstances might appear. The account should be referred to another group for analysis or correction.

Change Authorization Requirement: Business Office

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS952

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FOR SERVICES FROM  4/01/04 TO  4/30/04 WITHOUT A POE ENTRY
BILLING GROUP 926 - Mcal/pending retro


   CLIENT                          ACCOUNT                                    ACCOUNT
   NUMBER         CLIENT NAME      NUMBER     D.O.B.       SSN.               STATUS
   ████████ ████████████████    ████████  6/19/1944  570-60-7034    NO STATUS
          Insurance-Medicare Coverage:   MEDICARE PART B-National Heritage In Co        Eff/Exp: 10-01-2002/  Open
          Insurance-Medicare Coverage:   MEDICARE PART B AETNA                          Eff/Exp:  7-01-2003/  Open
          Insurance-Medicare Coverage:   MEDICARE PART A-BLUE CROSS                     Eff/Exp: 10-01-2002/  Open


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                           CONFIDENTIAL CLIENT INFORMATION - FOR AUTHORIZED USE ONLY
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Revised: 5/14/04   Applications Services Group (ASG)

REPORT MHS955

DMH MEDI-CAL PROVIDER SUMMARY SUMMARY BY BATCH NUMBER

Report Description:
This report is a summary of the contents in an EOB (explanation of benefits) file created by State Medi-Cal. Included is information that can help determine amounts paid, denied, or suspended, and the affected claim month and/or service month. Detail level is Mode-SFC of the provider. There are 4 parts of the report. The Summary is created to provide record counts and to issue a positive reporting page (i.e. an EOB file is processed for DMH, but contains only OADP claims).

The "A" report provides a summary by State Batch Number for each provider reported in the batch showing Mode-SFC detail of the claim. The listing of information is M/C mode of service, SFC, description, federal paid time, federal service units, federal amount paid, other amount paid, other service units, other amount paid, denied time units, denied service units, amount denied, suspended time of units, suspend service units, amount suspended, and other adjustments, by provider and service and mode, with totals.

The "B" report provides a reconciliation of batch numbers and provider codes to claim serial numbers for internal control. The listing for this section is source file, and selected batch information.

The "C" report is similar, except it summarizes claim month and service month for revenue reconciliation. The listing of information is M/C mode of service, SFC, description, federal paid time, federal service units, federal amount paid, other amount paid, other service units, other amount paid, denied time units, denied service units, amount denied, suspended time of units, suspend service units, amount suspended, and other adjustments, by provider and service and mode, with totals.

How to get the Report:
This report should be processed automatically in whole in conjunction with processing of EOB from the State. Additional or partial runs based upon specific batches can be requested for processing by operations staff.

How to use the report:
This report is used for reconciliation of payment from Medi-Cal and identification of claims still outstanding.

Change Authorization Requirement: Fiscal

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS955

REPORT MHS957

UR MEDI-CAL AUDIT CLIENT SELECTION LISTING

Report Description:
This report provides a <u>random</u> selection of Medi-Cal charts open during a 3-month sampling period. This list is the base for the periodic audits of outpatient facilities by UR. Information reported of Medi-Cal clients during a specified time period include: client number, client name, age, Medi-Cal number, month of eligibility, selected for reason, local cost, DBH cost, and notes.

How to get the Report:
This report can be run when desired from the Reports Menu by authorized users. Information needed for the report are seed number, target client count, actual client count from base of (duplicate client selection shown), high cost clients, actual selected, from a base of, other non specified, actual selected, and again from a base of to create this report.

NOTE:
 This is a random pick report. If you create 2 reports for the same time period, the report will be completely different.

How to use the report:
This report is used to make a selection of those charts for periodic audit by UR. The base selection is reasonably close to pure random selection. The number of charts selected exceeds the actual number to be audited to allow for charts closed and no longer available.

Change Authorization Requirement: Utilization Review

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS957

MediCal Clients during the period:
     2/01/04 to 4/30/04
PHOENIX OUTPATIENT (86301)

Client Number	Client Name	Age	MediCal Number	Month Elig	Selected for	Local Cost	DMH Cost	Notes
Therapist: STEPHEN DOYLE (95)								
██	████████	56	████	4/2004	General	353.97	2,180.63	_____
		36		4/2004	High Cost	340.86	3,864.02	_____
		28		4/2004	High Cost	579.30	22,175.20	_____
Therapist: HAN NGUYEN (1278)								
████ ██████		33	████	4/2004	General	0.00	218.50	_____
Therapist: NATHAN WEBBER (1430)								
████ ████████		8	████	4/2004	High Cost	607.98	3,532.38	_____
Therapist: LEONIDA GUTIERREZ (2102)								
████ ████████		38	████	4/2004	High Cost	777.86	2,562.26	_____
Therapist: MARY OLIVERIO (2596)								
████ █████████		14	████	4/2004	High Cost	601.80	3,272.66	_____
Therapist: DELORES LANDIN (2833)								
████ ██████		43	████	4/2004	High Cost	393.45	28,339.15	_____

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REPORT MHS 960

SAMHSA RESIDENTIAL CLIENT LENGTH OF STAY

Report Description:
This report is a monthly detail of information for the ABCs for AD" Street. The information provided is dates of stay, name of facility, client name, chart number, length of stay, report bed days, case manager, and status. The report then lists the totals for client count, SAMHSA count, from a base of, and % over 60 days.

How to Get the Report:
The AD" Street clinic staff from the reports menu create this report.

How to Use the Report:
This report is used to verify and prepare statistical information on the ABC facilities.

Change Authorization Requirement: AD@St. Program Manager

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS960

Monthly Detail Report
CLIENT STAY DATA FROM 4/01/04 TO 4/30/04
ORCHID COURT [Excl Crisis Beds] (36AJ1)

CLIENT NAME (NUMBER)	LENGTH OF STAY	REPORT BED DAYS	CASE MANAGER	STATUS
██████████ ███████	2,105	30	SHERRY PHILLIPS (3574)	Meets objective
			INTAKE DATE: 7/27/98 INTAKE REFERRAL: OTHER	
			DISCHARGE DATE: DISCHARGE REFERRAL:	
██████████ ███████	1,523	30	SHERRY PHILLIPS (3574)	Meets objective
			INTAKE DATE: 2/29/00 INTAKE REFERRAL: SAN ANTONIO COMMUNITY HOSPIT	
			DISCHARGE DATE: DISCHARGE REFERRAL:	
█████████████ ███████	134	30	LESLIE SCHOENFELD (3299)	Meets objective
			INTAKE DATE: 12/19/03 INTAKE REFERRAL: LINDA VILLA CARE	
			DISCHARGE DATE: DISCHARGE REFERRAL:	
████████████ ███████	379	30	SHERRY PHILLIPS (3574)	Meets objective
			INTAKE DATE: 4/18/03 INTAKE REFERRAL: OTHER ACUTE CARE HOSPITALS	
			DISCHARGE DATE: DISCHARGE REFERRAL:	
████████ ███████	16	16	SHERRY PHILLIPS (3574)	Not in SAMHSA Base
			INTAKE DATE: 4/15/04 INTAKE REFERRAL: OTHER ACUTE CARE HOSPITALS	
			DISCHARGE DATE: DISCHARGE REFERRAL:	
███████████████ ███████	93	15	SHERRY PHILLIPS (3574)	Meets objective
			INTAKE DATE: 1/14/04 INTAKE REFERRAL: OTHER ACUTE CARE HOSPITALS	
			DISCHARGE DATE: 4/15/04 DISCHARGE REFERRAL: OTHER	
████████ ███████	36	30	SHERRY PHILLIPS (3574)	Not in SAMHSA Base
			INTAKE DATE: 3/26/04 INTAKE REFERRAL: OTHER ACUTE CARE HOSPITALS	
			DISCHARGE DATE: DISCHARGE REFERRAL:	
█████████ ███████	108	30	SHERRY PHILLIPS (3574)	Meets objective
			INTAKE DATE: 1/14/04 INTAKE REFERRAL: OTHER ACUTE CARE HOSPITALS	
			DISCHARGE DATE: DISCHARGE REFERRAL:	
████████████ ███████	1,194	30	BARBARA SMITH (3136)	Meets objective
			INTAKE DATE: 1/23/01 INTAKE REFERRAL: ORCHID COURT	
			DISCHARGE DATE: DISCHARGE REFERRAL:	
	8,699	768		

          TOTAL CLIENTS LISTED   29, SAMHSA COUNT: 25, FROM A BASE OF: 25,   % OVER 60 DAYS: 100.0%

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REPORT MHS 963

SAMHSA CRISIS DIVERSION CLIENT LENGTH OF STAY

Report Description:
This report is SAMHSA crisis diversion information, the information provided is client stay dates, name of facility, client name, client number length of stay, report days, case manager, intake date, intake referral, discharge date, and discharge referral.   The end of the report provides the total number of clients diverted.

How to Get the Report:
The AD" Street staff from the report menu create this report.

How to Use the Report:
This report is used to verify and prepare statistical information for SAMHSA.

Change Authorization Requirement: AD" Street Program Manager

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS963

Fiscal Year-to-Date Report
CLIENT STAY DATA FROM 7/01/03 TO 4/30/04
ORCHID COURT CRISIS BEDS (36AJ2)


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                                  LENGTH  REPORT
                                    OF     BED
          CLIENT NAME (NUMBER)     STAY   DAYS              CASE MANAGER

         ████████  ██████           8      8       SHERRY PHILLIPS (3574)
                                                INTAKE DATE:    9/23/03      INTAKE REFERRAL: OTHER ACUTE CARE HOSPITALS
                                                DISCHARGE DATE: 9/30/03      DISCHARGE REFERRAL: SAN BERN CO MEDICAL CENTER



                                    8      8


     TOTAL CLIENTS DIVERTED:     1

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REPORT MHS967

AES SERVICES LOG ALL ADMISSIONS

Report Description:
This report is a summary of clients seen at AES during the report period (usually a single day or a week). The report lists the CMC chart number (if applicable) and DBH chart number, patient name, legal status, date first seen, attending physician, attending therapist, and diagnosis. The detail listing of discharges is applicable to COBRA reporting requirements. This report is for the CMC COBRA summary.

How to Get the Report:
The AES staff creates this report. This report can be created from the standard reports menu for designated users.

How to Use the Report:
This report is intended for distribution to CMC for COBRA compliance tracking. The staff can make any corrections necessary to fix problems and then rerun the report again to reflect the changes.

Change Authorization Requirement: Inpatient Program Manager

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS967

Episodes from 5/12/04 00:00 through 5/12/04 23:59

CMC Chart Number	DMH Chart Number	Patient Name	Status	First Seen	Attending Physician	Attending Therapist	Diagnosis
████	██████	████████	5150	5/12 Midnt	TRAN	BAIDYA	298.9

Patient discharge: Patient was stabilized, then transferred to OTHER ACUTE CARE HOSPITALS

| ████ | █████ | ████████. | 5150 | 5/12 3 am | TRAN | BAIDYA | 295.90 |

Patient discharge: Patient was stabilized, then transferred to OTHER ACUTE CARE HOSPITALS

| ████ | █████ | █████████ | 5150 | 5/12 7 am | MONTY | WASHINGTON | 295.70 |

Patient discharge: Patient was stabilized, then transferred to OTHER ACUTE CARE HOSPITALS

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REPORT MHS968

AES SERVICES LOG ALL ADMISSIONS

Report Description:
This report is a summary of clients seen at AES during the report period (usually a single day or a week). The report lists the DBH chart number (if applicable) and CMC chart number, patient name, legal status, date first seen, attending physician, attending therapist, and diagnosis. The listed is the service performed with the procedure code, service clinician, duration and the disposition of the patient. These detailed listings of discharges are applicable to COBRA reporting requirements. At the end of the report are the totals for Voluntary admissions, Other admissions, and total number of services. This report is an AES COBRA detail.

How to Get the Report:
This report is created daily at approximately 3:00 a.m. If a rerun of the report is required, it can be created from the standard reports menu for designated users.

How to Use the Report:
This report is intended for distribution to CMC for COBRA compliance tracking.

Change Authorization Requirement: Inpatient Program Manager

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS968

Episodes from 5/12/04 00:00 through 5/12/04 23:59

DMH Chart Number	CMC Chart Number	Patient Name	Status	First Seen	Attending Physician	Attending Therapist	Diagnosis
�█	�█ �█		5150	5/12 Midnt	TRAN	BAIDYA	298.9

(86313)   Service Performed: Service Clinician: Duration:
               COLLATERAL (318)   SADOVSKY   0:15
               ASSESSMENT (338)   BAIDYA   1:00
               MEDICATION (368)   BALLENTINE   0:10
               AES EXAMINATION (389)   TRAN   0:45
    Patient discharge: Patient was stabilized, then transferred to OTHER ACUTE CARE HOSPITALS   (45)

| ▆ | ▆ ▆ | | 5150 | 5/12 3 am | TRAN | BAIDYA | 295.90 |

(86313)   Service Performed: Service Clinician: Duration:
               COLLATERAL (318)   SADOVSKY   0:29
               ASSESSMENT (338)   BAIDYA   1:00
               MEDICATION (368)   BALLENTINE   0:10
               AES EXAMINATION (389)   TRAN   0:45
    Patient discharge: Patient was stabilized, then transferred to OTHER ACUTE CARE HOSPITALS   (45)

| ▆ | ▆ ▆ | | 5150 | 5/12 7 am | MONTY | WASHINGTON | 295.70 |

(86313)   Service Performed: Service Clinician: Duration:
               COLLATERAL (318)   WASHINGTON   0:40
               ASSESSMENT (338)   WASHINGTON   0:20
               AES EXAMINATION (388)   MONTY   1:00
    Patient discharge: Patient was stabilized, then transferred to OTHER ACUTE CARE HOSPITALS   (45)

          Total Voluntary Admissions -   0   Total Other Admissions -   3   Total Services - 11

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REPORT MHS 979

INPATIENT SERVICES DETAIL - CMC/JCAHO

Report Description:
This report identifies the service information for JCAHO. The information provided on this report is start date and end date as requested, client name, chart number, admit date, discharge date, primary diagnosis, number of Inpatient days, number of administrative days, total number of days, admit status, Inpatient day dollar amount, Administrative day dollar amount and total dollar amount. The totals for the Adult and Children's Units are provided, and at the end there is a grand total for the combined units.

How to Get the Report:
The Operations staff at the request of the Inpatient staff creates this report. The standard user from the reports menu cannot create this report.

How to Use the Report:
This report is used for the JCAHO data review.

Change Authorization Requirement: Inpatient

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS979

SERVICES FROM 4/01/2004 TO 4/30/2004
ADULT INPATIENT

Client	Admit Date	Disch Date	Prim Diag	Inp Days	Admn Days	Tot Days	Admit Status	Inpat Amount	Admin Amount	Total Amount
	2/14/04	4/05/04	296.34	4	0	4	W 51500	6,400.00	0.00	6,400.00
	2/20/04	4/05/04	295.70	4	0	4	W 51500	6,400.00	0.00	6,400.00
	3/07/04	4/16/04	295.70	15	0	15	W 51500	24,000.00	0.00	24,000.00
	3/17/04	4/12/04	295.90	11	0	11	W 51500	17,600.00	0.00	17,600.00
	3/20/04	4/15/04	295.30	14	0	14	W 51500	22,400.00	0.00	22,400.00
	3/20/04	4/02/04	296.33	1	0	1	W 51500	1,600.00	0.00	1,600.00
	3/23/04	4/02/04	312.30	1	0	1	W 52500	1,600.00	0.00	1,600.00
	3/24/04	4/05/04	295.20	4	0	4	W 51500	6,400.00	0.00	6,400.00
	3/24/04	4/09/04	295.30	8	0	8	W 51500	12,800.00	0.00	12,800.00
	3/26/04	4/06/04	298.9	5	0	5	W 51500	8,000.00	0.00	8,000.00
	3/26/04	4/06/04	296.34	5	0	5	W 51500	8,000.00	0.00	8,000.00
	3/26/04	4/02/04	296.34	1	0	1	W 60000	1,600.00	0.00	1,600.00
	3/27/04	4/02/04	295.90	1	0	1	W 51500	1,600.00	0.00	1,600.00
	3/27/04	4/08/04	298.9	7	0	7	W 51500	11,200.00	0.00	11,200.00
	3/28/04	4/02/04	311	1	0	1	W 51500	1,600.00	0.00	1,600.00
	3/28/04	4/06/04	295.70	5	0	5	W 51500	8,000.00	0.00	8,000.00
	3/29/04	4/05/04	296.34	4	0	4	W 60000	6,400.00	0.00	6,400.00
	3/29/04	4/02/04	298.9	1	0	1	W 60000	1,600.00	0.00	1,600.00
	3/29/04	4/06/04	295.70	5	0	5	W 51500	8,000.00	0.00	8,000.00
	3/29/04	4/03/04	296.80	2	0	2	W 51500	3,200.00	0.00	3,200.00
	3/29/04	4/02/04	311	1	0	1	W 51500	1,600.00	0.00	1,600.00
	3/29/04	4/19/04	295.70	18	0	18	W 51500	28,800.00	0.00	28,800.00
	3/30/04	4/06/04	295.70	5	0	5	W 51500	8,000.00	0.00	8,000.00
	3/30/04	4/12/04	296.80	11	0	11	W 60000	17,600.00	0.00	17,600.00
	3/30/04	4/02/04	298.9	1	0	1	W 60000	1,600.00	0.00	1,600.00
	3/31/04	4/02/04	296.23	1	0	1	W 51500	1,600.00	0.00	1,600.00
	3/31/04	4/02/04	296.80	1	0	1	W 60000	1,600.00	0.00	1,600.00
	3/31/04	4/05/04	296.80	4	0	4	W 51500	6,400.00	0.00	6,400.00
	3/31/04	4/13/04	295.30	12	0	12	W 51500	19,200.00	0.00	19,200.00
	3/31/04	4/05/04	298.9	4	0	4	W 51500	6,400.00	0.00	6,400.00
	3/31/04	4/05/04	298.9	4	0	4	W 51500	6,400.00	0.00	6,400.00
	3/31/04	4/07/04	296.34	6	0	6	W 51500	9,600.00	0.00	9,600.00
	4/01/04	4/02/04	296.80	1	0	1	W 51500	1,600.00	0.00	1,600.00
	4/01/04	4/05/04	296.34	4	0	4	W 51500	6,400.00	0.00	6,400.00
	4/01/04	4/12/04	296.34	11	0	11	W 51500	17,600.00	0.00	17,600.00
	4/01/04	4/08/04	311	7	0	7	W 51500	11,200.00	0.00	11,200.00
	4/01/04	4/05/04	298.9	4	0	4	W 51500	6,400.00	0.00	6,400.00
	4/02/04	4/12/04	295.70	10	0	10	W 51500	16,000.00	0.00	16,000.00
	4/02/04	4/04/04	295.30	2	0	2	W 51500	3,200.00	0.00	3,200.00
	4/02/04	4/08/04	298.9	6	0	6	W 51500	9,600.00	0.00	9,600.00
	4/02/04	4/15/04	295.30	13	0	13	W 51500	20,800.00	0.00	20,800.00
	4/02/04	4/04/04	298.9	2	0	2	W 51500	3,200.00	0.00	3,200.00
	4/02/04	4/06/04	298.9	4	0	4	W 60000	6,400.00	0.00	6,400.00
	4/03/04	4/08/04	295.30	5	0	5	W 51500	8,000.00	0.00	8,000.00

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REPORT MHS 980

ADMINISTRATIVE DAY DETAIL - CMC/JCAHO

Report Description:
This report identifies the service information for JCAHO. The information provided on this report is based on the episode closing dates for a specified reporting period. The information is client name, client number, admit date, discharge date, primary diagnosis, payor source, date of service, amount, admit legal status, and unit of admission. At the end of the report there is grand total of days and total amount for the unit.

How to Get the Report:
The Operations staff at the request of the Inpatient staff creates this report. The standard user from the reports menu cannot create this report.

How to Use the Report:
This report is used for the JCAHO data review.

Change Authorization Requirement: Inpatient

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS980

EPISODES CLOSED FROM 1/01/2001 TO 1/31/2001

Client	Admit Date	Disch Date	Prim Diag	Payor Source	Date of Service	Amount	Admit Status	Unit
▇▇▇▇ ▇▇▇▇	1/07/01	1/12/01	298.9	SD/Other			W 51500	ADULT
WARD					1/10/01	760.00		
					1/11/01	760.00		
▇▇▇▇ ▇▇▇▇	12/24/00	1/03/01	296.33	MediCARE			W 51500	ADULT
WARD					12/31/00	760.00		
					12/29/00	760.00		
					1/02/01	760.00		
					1/01/01	760.00		
					12/30/00	760.00		
▇▇▇▇ ▇▇▇▇	12/26/00	1/12/01	295.30	Medi-CAL			W 51500	ADULT
WARD					1/10/01	760.00		
					1/11/01	760.00		

GRAND TOTAL   117 Total Days   88,960.00

EPISODES CLOSED FROM 1/01/2001 TO 1/31/2001

Client	Admit Date	Disch Date	Prim Diag	Payor Source	Date of Service	Amount	Admit Status	Unit
██████ ██████	12/25/00	1/04/01	295.30	Medi-CAL			W 51500	ADULT WARD
					1/02/01	760.00		
					12/31/00	760.00		
					1/03/01	760.00		
					1/01/01	760.00		
██████ ██████	12/26/00	1/12/01	295.30	Medi-CAL			W 51500	ADULT WARD
					1/11/01	760.00		
					1/10/01	760.00		
██████ ██████	12/26/00	1/06/01	298.9	Medi-CAL			W 51500	ADULT WARD
					1/05/01	760.00		
					1/03/01	760.00		
					1/04/01	760.00		
██████ ██████	12/27/00	1/03/01	295.90	Medi-CAL			W 60000	ADULT WARD
					1/02/01	760.00		
					12/29/00	760.00		
					12/30/00	760.00		
					12/31/00	760.00		
					1/01/01	760.00		
					12/28/00	760.00		
████████ ██████	12/28/00	1/05/01	295.30	Prv+MCAL			W 51500	ADULT WARD
					1/02/01	760.00		
					12/30/00	760.00		
					1/01/01	760.00		
					1/03/01	760.00		
					12/31/00	760.00		
					1/04/01	760.00		
████████ ██████	1/04/01	1/09/01	295.70	Medi-CAL			W 51500	ADULT WARD
					1/07/01	760.00		
					1/06/01	760.00		
					1/05/01	760.00		
					1/08/01	760.00		
████████ ██████	1/07/01	1/11/01	311	Medi-CAL			W 51500	ADULT WARD
					1/09/01	760.00		
					1/10/01	760.00		
██████ ██████	1/09/01	1/11/01	295.90	Medi-CAL			W 51500	ADULT WARD
					1/10/01	760.00		
██████ ██████	1/13/01	1/18/01	295.90	Medi-CAL			W 51500	ADULT WARD
					1/17/01	760.00		
██████ ██████	1/14/01	1/18/01	295.70	Medi-CAL			W 51500	ADULT WARD
					1/16/01	760.00		
					1/17/01	760.00		
████████ ██████	1/17/01	1/21/01	296.55	Medi-CAL			W 51500	ADULT WARD
					1/19/01	760.00		
					1/20/01	760.00		

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Revised: 5/14/04   Applications Services Group (ASG)

EPISODES CLOSED FROM 1/01/2001 TO 1/31/2001

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                                Admit   Disch   Prim   Payor   Date of            Admit
              Client            Date    Date    Diag   Source  Service   Amount   Status         Unit



GRAND TOTAL                                      33 Total Days           25,080.00
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REPORT MHS 983

ELIGIBILITY TRANSFER EPISODE REPORT CLIENTS
SELECTED BY REPORTING UNIT

Report Description:
This report identifies the Medi-Cal eligibility transfer verifications. The information provided is transfer dates from and to, run date, clinic name, client number, client name, Medi-Cal number, client SSN, determination method, and lst month EVC number. The clients that have had a valid POE last month will have the system review for new months eligibility.

How to Get the Report:
This report is created by the Operations staff on the last day of the month and sent to the system printer for review by the business office. The standard user from the reports menu cannot create this report.

How to Use the Report:
The business office for review of Medi-Cal eligibility uses this report.

Change Authorization Requirement: Business Office

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS983

Transfer Eligibility from 04/2004 to 05/2004 Scheduled Verifications
Run date: 30-Apr-2004
Verification for AGEWISE PROGRAM (8693A)

CLIENT NUMBER	CLIENT NAME	MediCAL Number	CLIENT SSN	Determination Method	Last Month EVC Number
				P	95543CZ1ZM
				P	836NMQWV06
				P	875C8X7TZ2
				P	7843BTC8GB
				P	4747DPZR6H
				P	5575G5HKD6
				P	276LZJLC56
				P	5062PXKQ6B
				P	9865M55P16
				P	82585B3H8B
				P	6275QBW5G6
				P	507H197TV2
				P	706C2W5C16
				P	505MJ8DBH2
				P	5458LZDJC6
				P	3358NW3T6M
				P	957046PHKX
				P	5970476M0B
				P	555CX3R6KR
				P	906HQKJ08H
				P	084KGG5KMW
				P	714137V41L
				P	454GT1LZVG
				P	76453BG9LL
				P	246LDM0TVG
				P	226KNP59C9
				P	077M7ZD67W
				P	65514L0JJ1

                    VERIFICATIONS SCHEDULED FOR REPORTING UNIT   28

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REPORT MHS 984

NUMBER OF UNIQUE CLIENTS SEEN AT OUTPATIENT CLINIC FROM SPECIFIED DATES AND REPORT OF CLIENTS BY SERVICE GROUP

Report Description:
This report had two parts (984-1 and 984-3) The report 984-1 identifies for a specified time period, the clinic name, number of open cases, clients seen all services, number of clients seen 17 and under, and number of clients seen 20 and over. At the end of the report is total in all columns. There is a definition of each of the fields at the end of the report. The report 984-3 identifies the clinic service was rendered, number of open cases, number of clients seen all service, number of individual therapies, number of group therapies, number of other types of services, and number of client NO Shows. Again there is a definition of the fields at the end of the report

How to Get the Report:
The Operations staff creates this report. The standard user from the reports menu cannot create this report.

How to Use the Report: This report is used by Administration to review statistics.

Change Authorization Requirement: Director

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS984

CLINIC	Open Caseload	Clients Seen All Services		Clients Seen 17 & under	Clients Seen 20 & under
CLINICS					
ADMISSION EVALUATION SERVICES	433	379		92	115
ARROW COUNSELING CLINIC	1,112	580		276	286
BARSTOW CLINIC	488	322		71	81
CASA RAMONA CLINIC	128	100		46	49
CENTER FOR INDIVIDUALS WITH DISABILITIES	301	24		24	24
CHINO MULTIPLE DIAGNOSIS CLINIC	344	194		56	60
CONDITIONAL RELEASE - SAN BERNARDINO	46	33		0	0
CONDITIONAL RELEASE - RIVERSIDE	20	17		0	0
DISCOVERY CLINIC	214	39		0	2
JAIL MENTAL HEALTH SERVICES	761	200		1	15
JUVENILE JUSTICE OUTPATIENT PROGRAMS	187	130		123	129
MARIPOSA CLINIC	1,254	173		125	131
NEW DAY CLINIC	1,719	597		227	237
NUEVA VIDA CLINIC	293	194		183	189
PHOENIX CLINIC	1,557	328		4	11
RANCHO CUCAMONGA CLINIC	450	289		91	103
UJIMA CLINIC	4	0		0	0
VICTOR VALLEY (HESPERIA) CLINIC	1,769	731		239	253
WESTSIDE CATS CLINIC	212	52		51	52
ACSP CLINICS					
D STREET CONTINUING CARE CLINIC	888	371		0	2
FOOTHILL CONTINUING CARE CLINIC	145	108		0	12
HOMELESS PROGRAM CLINIC	1	0		0	0
IMD PROGRAM CLINIC	2	0		0	0
CONTRACT AGENCY CLINICS					
BEAR VALLEY COUNSELING CENTER	242	149		55	58
FAMILY SERVICES OF SAN BERNARDINO	118	105		40	40
MENTAL HEALTH SYSTEMS - PEGASUS	32	0		0	0
MENTAL HEALTH SYSTEMS - REDLANDS	194	69		9	10
MORONGO BASIN MENTAL HEALTH	810	0		0	0
REDLANDS-YUCAIPA GUIDANCE CLINIC	467	230		93	95
WEST END FAMAMILY COUNSELING SERVICES	381	199		74	77
TOTAL ALL CLINICS	13,778	5,613		1,880	2,031

Revised: 5/14/04   Applications Services Group (ASG)

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|                                                | Open      |Clients Seen|          |Clients Seen|Clients Seen|
|                    CLINIC                      | Caseload  |All Services|          | 17 & under | 20 & under |
|------------------------------------------------|-----------|------------|          |------------|------------|
```

DEFINITIONS:

    OPEN CASELOAD - Number of unique clients at that with an episode open at any time
                      between Mar 1, 2004 and Mar 19, 2004.
                        [For TOTAL ALL CLINICS, the OPEN CASELOAD value is the unique
                         client count for the entire department, and will not be the sum
                         of the individual clinics shown above.]
    CLIENTS SEEN
    ALL SERVICES   - Number of unique registered clients within the OPEN CASELOAD receiving
                      Mental Health Services including Individual Therapy, Group Therapy,
                      Assessment, Evaluation, Collateral, Case Management, Placement, Medications,
                      Day Treatment, Plan Development, Crisis Stabilization, or Crisis
                      Intervention. This number does not reflect the number of services
                      provided, only number of clients receiving services at that clinic
                      between Mar 1, 2004 and Mar 19, 2004.
                        [For TOTAL ALL CLINICS, the total is the sum of the individual clinics.]
    CLIENTS SEEN
    20 & UNDER   - Number of unique registered clients within the OPEN CASELOAD of age 20
                      or under as of Mar 1, 2004 receiving Mental Health Services including
                      Individual Therapy, Group Therapy, Assessment, Evaluation, Collateral, Case
                      Management, Placement, Medications, Day Treatment, Plan Development, Crisis
                      Stabilization, or Crisis Intervention. This number does not reflect the
                      number of services provided, only number of clients receiving services
                      between Mar 1, 2004 and Mar 19, 2004.
                        [For TOTAL ALL CLINICS, the total is the sum of the individual clinics.]
    CLIENTS SEEN
    17 & UNDER   - Number of unique registered clients within the OPEN CASELOAD of age 17
                      or under as of Mar 1, 2004 receiving Mental Health Services including
                      Individual Therapy, Group Therapy, Assessment, Evaluation, Collateral, Case
                      Management, Placement, Medications, Day Treatment, Plan Development, Crisis
                      Stabilization, or Crisis Intervention. This number does not reflect the
                      number of services provided, only number of clients receiving services
                      between Mar 1, 2004 and Mar 19, 2004.
                        [For TOTAL ALL CLINICS, the total is the sum of the individual clinics.]

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CLINIC	Open Caseload	Clients Seen All Services	Individual Therapy	Group Therapy	Other Services	Client No Show
CLINICS						
ADMISSION EVALUATION SERVICES	433	379	112	0	378	0
ARROW COUNSELING CLINIC	1,112	580	413	79	305	176
BARSTOW CLINIC	488	322	269	19	108	105
CASA RAMONA CLINIC	128	100	53	8	76	15
CENTER FOR INDIVIDUALS WITH DISABILITIES	301	24	13	0	11	16
CHINO MULTIPLE DIAGNOSIS CLINIC	344	194	141	30	72	48
CONDITIONAL RELEASE - SAN BERNARDINO	46	33	22	31	21	1
CONDITIONAL RELEASE - RIVERSIDE	20	17	9	15	5	0
DISCOVERY CLINIC	214	39	24	0	19	6
JAIL MENTAL HEALTH SERVICES	761	200	116	0	112	0
JUVENILE JUSTICE OUTPATIENT PROGRAMS	187	130	92	0	90	0
MARIPOSA CLINIC	1,254	173	70	5	132	20
NEW DAY CLINIC	1,719	597	351	22	316	165
NUEVA VIDA CLINIC	293	194	115	11	141	60
PHOENIX CLINIC	1,557	328	264	9	88	101
RANCHO CUCAMONGA CLINIC	450	289	246	0	128	69
UJIMA CLINIC	4	0	0	0	0	0
VICTOR VALLEY (HESPERIA) CLINIC	1,769	731	537	69	241	177
WESTSIDE CATS CLINIC	212	52	0	1	52	0
ACSP CLINICS						
D STREET CONTINUING CARE CLINIC	888	371	342	0	60	49
FOOTHILL CONTINUING CARE CLINIC	145	108	46	5	94	3
HOMELESS PROGRAM CLINIC	1	0	0	0	0	0
IMD PROGRAM CLINIC	2	0	0	0	0	0
CONTRACT AGENCY CLINICS						
BEAR VALLEY COUNSELING CENTER	242	149	104	29	82	50
FAMILY SERVICES OF SAN BERNARDINO	118	105	55	63	56	37

MENTAL HEALTH SYSTEMS - PEGASUS	32	0	0	0	0	0
MENTAL HEALTH SYSTEMS - REDLANDS	194	69	63	4	6	7
MORONGO BASIN MENTAL HEALTH	810	0	0	0	0	0
REDLANDS-YUCAIPA GUIDANCE CLINIC	467	230	166	61	80	58
WEST END FAMAMILY COUNSELING SERVICES	381	199	106	30	122	65
TOTAL ALL CLINICS	13,778	5,613	3,729	491	2,795	1,228

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|                                               |  Open    |Clients Seen| Individual |  Group   |  Other    |  Client
|
|                    CLINIC                      | Caseload |All Services|  Therapy   |  Therapy | Services  |  No Show
|
|-----------------------------------------------|----------|----------|----------|----------|----------|-----------
-|
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DEFINITIONS:

```
  OPEN CASELOAD   -  Number of unique clients at that with an episode open at any time
                     between Mar  1, 2004 and Mar 19, 2004.
                        [For TOTAL ALL CLINICS, the OPEN CASELOAD value is the unique
                         client count for the entire department, and will not be the sum
                         of the individual clinics shown above.]
  CLIENTS SEEN
  ALL SERVICES    -  Number of unique registered clients within the OPEN CASELOAD receiving
                     Mental Health Services including Individual Therapy, Group Therapy,
                     Assessment, Evaluation, Collateral, Case Management, Placement, Medications,
                     Day Treatment, Plan Development, Crisis Stabilization, or Crisis
                     Intervention.  This number does not reflect the number of services
                     provided, only number of clients receiving services at that clinic
                     between Mar  1, 2004 and Mar 19, 2004.
                        [For TOTAL ALL CLINICS, the total is the sum of the individual clinics.]
  INDIVIDUAL      -  Number of unique clients receiving Mode 15 services with a SFC between
                     40 and 49 (Individual), or a SFC of 36 (Rehab/ADL) and number in group of 1,
                     or a SFC between 60 and 69 (Medications) and number in group of 1.
  GROUP           -  Number of unique clients receiving Mode 15 services with a SFC between
                     50 and 59 (Group), or a SFC of 36 (Rehab/ADL) and number in group greater
                     than 1, or a SFC between 60 and 69 (Medications) and number in group greater
                     than 1.
  OTHER           -  Number of unique clients receiving any direct service CDI reported with SFC
                     not equal to 00 (Overhead) and is not included in INDIVIDUAL or GROUP
                     definitions, such as: Assessment, Evaluation, Collateral, Case Management,
                     Placement, Plan Development, Crisis Stabilization, Crisis Intervention, or
                     Day Treatment.
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REPORT MHS 987

EDS VALIDATION PROCESS

Report Description:
The information provided on the report is Medi-Cal verification start date and time, month of eligibility, year of eligibility, number of records selected for processing, number of records held for next batch run, number of records added to the eligibility file, and then a list of records modified and the reason.

How to Get the Report:
The Operations staff creates this report. The standard user from the reports menu cannot create this report.

How to Use the Report:
The Business Office for review of verified Medi-Cal Eligibility process uses this report.

Change Authorization Requirement: Business Office

File Directory: MHS_OUTPUT_REPORT

File Name: REPORT_MHS987

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EDS BATCH VERIFICATION STARTED  1-May-2004 06:38:59.61
FOR ELIGIBILITY MONTH - 5
AND ELIGIBILITY YEAR - 2004

13942 RECORDS SELECTED FOR PROCESSING
12132 RECORDS HELD FOR NEXT BATCH RUN
1764 RECORDS ADDED TO ELIGIBILITY FILE

    FOLLOWING RECORDS MODIFIED BECAUSE OF NO EVC NUMBER:
            CLIENT   M/C NUMBER     CARD ISSUE

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